OMB No. XXXX-XXXX

Expiration Date: XX/XX/20XX

**ADMINISTRATOR SURVEY PAGES**

Your community mental health center (CMHC) has been randomly selected for participation in a study funded by the Division of Cancer Prevention and Control (DCPC) at the Centers for Disease Control and Prevention (CDC) and conducted by Abt Associates. Through this study, we aim to better understand the capabilities of CMHCs to provide cancer prevention and screening services to persons with mental illness, to identify barriers to providing such services, and to propose strategies to addressing these barriers and facilitating such services.

As a part of this study, we are conducting a survey of CMHC administrators. Your participation in this survey will help the CDC better understand the capacity of CMHCs to provide cancer prevention services and the needs of CMHCs for training and resources related to cancer prevention.

Your participation in the survey is voluntary. You are not required to complete the survey. Your completion of the survey indicates your consent to participate in the study. You may withdraw from the study by deleting responses before submission. Your name or your CMHC’s name will not be included in any papers or reports related to this study. Your name, email address and IP address will be used to track survey completion. However, we will not disclose any information that could identify you, such as your name, telephone number, or email. The research team has procedures in place to protect your confidentiality and minimize risk. All de-identified data from the survey will be provided to the CDC at the end of the study.

**The survey should take about 20 minutes to complete.**

If you have any questions about the study, please contact Project Director, Sue Pfefferle at Sue\_Pfefferle@abtassoc.com, or at **(617) 520-2699** orBrooke Steele at Bsteele1@cdc.gov, or at **(770) 488-4261**.

# Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is XXXX-XXXX. Public reporting burden for this collection of information is estimated to average 20 minutes per respondent, per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CDC Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, GA 30329; ATTN: PRA (XXXX-XXXX)

OMB No. XXXX-XXXX

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**Instructions**

**Please keep the following in mind as you complete the survey:**

* **This survey will take about 20 minutes to complete.**
* **We ask that you complete this survey within two weeks of receiving your invitation email.**
* **If you *do not* have all the information needed to answer a survey question, you can skip the question and continue the survey. The data you enter will automatically be saved each time you press “next” to navigate to the next page.**
* **Do not press the “Submit” button until all questions are complete.**
* **Use the survey’s navigation buttons (Back and Next) to move through the survey. Your responses will be saved each time you press the Back or Next navigation buttons.**
* **The completion bar at the bottom of the screen will give you an indication of how much of the survey you have left to complete.**

 

**You may exit the survey at any time by pressing the “*Save”* button.**

**You may return to the survey at any time from any device by clicking the link you received in the email invitation. When you re-open the survey, you will be able to navigate through the survey to complete your responses.**

**When you reach the last question of the survey, you will see a “Submit” button.**



**Once you click *“Submit”* you will not be able to return to the survey without contacting Abt Associates via the email below. There is no confirmation warning after you press the *“Submit”* button. Therefore, do not press “*Submit*” until you are sure that you have completed all the survey questions.**

**If you have any questions about this study, or you need technical assistance, please email** **CMHCSurveyHelp@abtassoc.com**

**THANK YOU AGAIN FOR YOUR PARTICIPATION IN THE ASSESSMENT OF CANCER PREVENTION SERVICES AT COMMUNITY MENTAL HEALTH CENTERS.**

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**Frequently Asked Questions (FAQs)**

*1. What if I don’t know the answer to a question? Should I guess or leave it blank?*

If you reasonably can answer a question, please do so. If you do not know the answer to a question, you may leave it blank. However, if you need to look up any information, please feel free to do so. You can save your answers and return to the survey at any time. Just click on the link you received in the original invitation.

*2. Who do I contact for help with completing or submitting the survey?*

If you have any questions about this study, or you need technical assistance, please email CMHCSurvey@abtassoc.com.

*4. Will my name be shared with anyone?*

No. Your name or your CMHC’s name will not be included in any papers or reports related to this study. We will not disclose any information that could identify you, such as your name, telephone number, or email. All data will be de-identified before they are sent to the CDC.

*5. How will you use the information I provide?*

Your participation in this survey will help the CDC better understand the capacity of CMHCs to provide cancer prevention services and the needs of CMHCs for training and resources related to cancer prevention.

*6. Will I be provided any compensation for my participation?*

There will not be any direct compensation for your participation. However, your participation is greatly appreciated!

*7. What browser should I use to take the survey?*

You can take the survey in any browser.

8. *Should I complete the survey on a mobile device or laptop?*

You can access the survey on any smart phone, tablet or laptop as long as you are connected to the internet. Regardless of the mode that you choose the survey will optimize to your screen size.

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For more information on cancer prevention, please refer to the following resources:

The Community Guide cancer resources: <https://www.thecommunityguide.org/topic/cancer>

CDC Cancer Prevention and Control Website: <https://www.cdc.gov/cancer/>

**As a reminder,** **if you have any questions about this study, or you need technical assistance, please email** **CMHCSurveyHelp@abtassoc.com**

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**PSYCHIATRIC CLINICIAN WEB PAGES**

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As a part of this study, we are conducting a survey of CMHC psychiatric clinicians, primarily psychiatrists and psychiatric nurse practitioners. Your participation in this survey will help the CDC better understand the capacity of CMHCs to provide cancer prevention services and the needs of CMHCs for training and resources related to cancer prevention.

Your participation in the survey is voluntary. You are not required to complete the survey. Your completion of the survey indicates your consent to participate in the study. You may withdraw from the study by deleting responses before submission. Your name or your CMHC’s name will not be included in any papers or reports related to this study. Your name, email address and IP address will be used to track survey completion. However, we will not disclose any information that could identify you, such as your name, telephone number, or email. The research team has procedures in place to protect your confidentiality and minimize risk. All de-identified data from the survey will be provided to the CDC at the end of the study.

**The survey should take about 15 minutes to complete.**

If you have any questions about the study, please contact Project Director, Sue Pfefferle at Sue\_Pfefferle@abtassoc.com, or at **(617) 281-2594,** or Brooke Steele at Bsteele1@cdc.gov, or at **(770) 488-4261.**

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