

Questionnaire Skip Set Up Guidelines

Goals:

- Ensure all skip setup included in the questionnaire is consistent with skip logic rules
- Decrease down time due to skip corrections within submitted surveys

Basic Skip Rules:

"Other Please Specify" (OPS) Skip Rules:

Type 1 "Other Please Specify" Rules (Text box to the right of the answer choice "Other, please specify:") :

- 1 OPS questions must be set up as a radio-button or checkbox to have the text box appear next to the answer choice "Other, please specify:"
- 2 The open ended text box for "Other Please Specify" has it's own question ID and needs **full question text** included in questionnaire. (This will be used by clients, SRAs, etc, in the portal and comment cluster to differentiate between OPS questions within a measure)
- 3 The open ended text box has a character limit of 100. No exceptions! if more characters are needed, please request a Type 5 group.
- 4 In the special instructions column, indicate that this is a "OPS Group" for the PARENT and CHILD questions.

Type 5 "Other Please Specify" Rules (More than two questions within question group):

- 1 Open-ended boxes will not show up next to the answer choice "Other" in this type of skip logic. They will pop as separate questions that require additional question text. Please include full question text.
- 2 Radio-button, checkbox or drop-down CQs can have an "other please specify" in this type of skip set up but the text box will pop as a separate question.
- 3 In the special instructions column, indicate that this is a "Skip Logic Group" for the PARENT and CHILD questions.

Please refer to the Current Custom Qsts tab for examples (OPS Type 1 and OPS Type 5 are marked in the comment boxes)

General Skip Rules:

- 1 The parent question must come first, and child questions must immediately follow. Skip logic groups cannot be broken up by other questions that are not included within the skip.
- 2 A CQ can only have one parent question; a single question CANNOT be triggered by different questions.
- 3 Answers within one question can be set up so that different answer combinations trigger different questions, through the use of "answer groups".
- 4 A question can only be a part of ONE group type i.e. skip logic, matrix, or multiple lists
- 5 Horizontal scale questions CANNOT be parent CQs, but they can be child CQs. NOTE: By changing a horizontal scale question to a dropdown they can become parent questions.
- 6 Open End text questions cannot be a parent questions, but they can be child CQs.
- 7 Multi-select questions can be used in skip logic.

As a general tip for SRAs: The more complex the skip logic, the more difficult it is to keep the tabs and labels concise in SPRs. It is important to know when to just use filters versus creating skip logic.

Caution: Measures without enhanced/segmented reports might require intricate skip to gather necessary data for standard reports.

Model Instance Name:

SAMHSA Store V2

MID: AIJRpZ1w1xJYE9MMtg8JdA==

Date:

7/16/2013

SAMHSA

Model questions utilize the ACSI method

ELEMENTS (drivers of satisfaction)		
1	Navigation - Organized Please rate how well the site is organized.	16 Satisfaction - Overall
2	Navigation - Options Please rate the options available for navigating this site.	17 Satisfaction - Expectations
3	Navigation - Layout Please rate how well the site layout helps you find what you are looking for.	18 Satisfaction - Ideal
4	Site Performance - Loading Please rate how quickly pages load on this site.	
5	Site Performance - Consistency Please rate the consistency of speed from page to page on this site.	
6	Site Performance - Errors Please rate the ability to load pages without getting error messages on this site.	
7	Site Information - Thoroughness Please rate the thoroughness of information provided on this site.	
8	Site Information - Understandable Please rate how understandable this site's information is.	
9	Site Information - Answers Please rate how well the site's information provides answers to your questions.	
10	Look and Feel - Appeal Please rate the visual appeal of this site.	
11	Look and Feel - Balance Please rate the balance of graphics and text on this site.	
12	Look and Feel - Readability Please rate the readability of the pages on this site.	
13	Product Browsing - Sort Please rate the ability to sort information by criteria that are important to you on this site.	
14	Product Browsing - Narrow Please rate the ability to narrow choices to find the information you are looking for on this site.	
15	Product Browsing - Features Please rate how well the features on the site help you find the information you are looking for.	



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Store V2
ology to determine scores and impacts

CUSTOMER SATISFACTION		FUTURE BEHAVIORS
Satisfaction		Return (1=Very Unlikely, 10=Very Likely)
What is your overall satisfaction with this site? (1=Very Dissatisfied, 10=Very Satisfied)	19 Return	How likely are you to return to this site?
How well does this site meet your expectations ? (1=Falls Short, 10=Exceeds)		Recommend (1=Very Unlikely, 10=Very Likely)
How does this site compare to your idea of an ideal website ? (1=Not Very Close, 10=Very Close)	20 Recommend	How likely are you to recommend this site to someone else?
	21 Primary Resource	Primary Resource (1=Very Unlikely, 10=Very Likely)
		How likely are you to use this site as your primary resource for obtaining information and ordering publications from this agency?



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SAMHSA NMHC CUSTOM QUESTION LIST

QID (Group ID)	Skip Logic Label	Question Text	Answer Choices (limited to 50 characters)	Skip to
AKR5822		Is your primary interest in Substance Abuse and Mental Health:	Personal Professional	A B
AKR5823		Is the primary focus for your visit today:	Substance Abuse Mental Health Other, please specify:	H
AKR5824	H	Other primary focus.		
AKR5825		What are you primarily looking for ?	Prevention Treatment Other, please specify:	C
AKR5826	C	Please specify what you are looking for.		
AKR5827	A1	I am seeking information and/or service(s) for:	Myself A family member A friend or acquaintance A co-worker or subordinate My volunteer organization Other, please specify:	I D
AKR5828	D	Others seeking information or services for.		
AKR5829	I	If family member, who are you seeking information for?	Child Parent Sibling Spouse Other, please specify:	J
AKR5830	J	Other family member.		
AKR5831	A2	Age of person seeking information for:	Children <12 years Teens 13-17 Adults 18-26 Adults 27-35 Adults 36-44 Adults 45-53 Adults 54-64 Adults 65+	
AKR5832	A3	What is your specific interest in?	Prevention programs	

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QID (Group ID)	Skip Logic Label	Question Text	Answer Choices (limited to 50 characters)	Skip to
			Support programs Treatment Options Treatment Financing Other, please specify:	K
AKR5833	K	Other interest.		
AKR5834	A4	If looking for alcohol or substance abuse information, what specific	Alcohol Illegal substances (e.g., marijuana, meth, cocaine) Over the counter products Prescription drugs Tobacco/Smoking/Nicotine Other, please specify: Not applicable	L
AKR5835	L	Other alcohol or substance abuse topics.		
AKR5836	A5	If looking for mental health information, what specific topics are you	Anger Anxiety Bullying Depression PTSD Stress/Anxiety Suicide Other, please specify: Not applicable	M
AKR5837	M	Other mental health topics.		
AKR5838	B1	I am seeking information/publication(s) for:	Self-education/Research Public awareness campaign/event Sharing with/educating colleagues Use with patients/clients Use within a classroom/youth setting Other, please specify:	E
AKR5839	E	Others seeking publication(s) or information for.		
AKR5840	B2	Please check the box below that best describes your occupation :	Clinician/medical professional Cleric/faith community worker Consultant Corporate finance/operations employee Criminal justice/legal professional Educator/school teacher	

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			Librarian/information worker Media/public relations professional/worker Policy advocate/lobbyist Program or service provider/worker Researcher Social Worker/counselor Student Other, please specify:	F
AKR5841	F	Please specify your occupation.		
AKR5842	B3	Please check the box below that best describes your immediate	Church/faith-based organization Client/patient homes Government office Individual or group private practice Managed care/insurance company office Non-Profit/Community-Based Org/Coalition Non-residential/out-patient facility Other corporate office Public place/Interacting in community Residential/in-patient facility School/university Other, please specify:	G
AKR5843	G	Please specify your immediate workplace setting.		
AKR5844		How frequently do you visit this site?	First time Daily More than once a day About once a week About once a month Every 6 months or less	
AKR5845		How did you find out about this agency?	Another website/link Brochure, flyer, poster, or other printed material Media/news story Other government site Referral from a friend/family/colleague/banker Search engine Site bookmarked Other, please specify:	A
AKR5846	A	Other source		
EDO05887		What area(s) of the site did you visit today?	Issues, Conditions & Disorders	

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QID (Group ID)	Skip Logic Label	Question Text	Answer Choices (limited to 50 characters)	Skip to
			Contact Us En Espanol Location Most Popular My account New Products Professional & Research Topics Register Now Stay Connected Substance Timely Treatment, Prevention & Recovery Other	
AKR5847		Which of the following is the reason for your current visit to the	Find phone/email contact information Order publications Register our organization Sign up for email updates Substance abuse and/or mental health information Other, please specify:	
AKR5848	A	Other reason		
AKR5849		What method did you primarily use today to find your information?	Site's search feature Advanced search Top navigation bar Quick link in the pages Site map Just browsed the pages Other, please specify:	A
AKR5850	A	Other method		
AKR5851		Did you use any of the following treatment locators ?	Mental Health Services Locator Substance Abuse Treatment Facility Locator Not at this time	
AKR5852		Did you find what you were looking for?	Yes No Partially Still looking	A A A
AKR5853	A	If you could not find what you were looking for, what was it?		
AKR5856		Do you ever share information from this site with others using any of	Blogs MySpace Facebook Twitter	A

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			Email Word-of-mouth Other, please specify:	
AKR5857	A	Other options.		
AKR5858		Do you ever use the site's " Share " button to share information you find	Yes No Not sure	
AKR5865		How would you most like to interact with this site? (Please select all	Bookmark or tag pages Adding a widget or gadget to my personalized page By adding comments, ratings, or reviews Contributing to wikis Following a microblog In social networks In virtual worlds Listening to Podcasts or audio None Reading blogs Receiving newsletters/email updates Subscribing to RSS feeds Watching Vodcasts or video Other, please specify:	A
AKR5866	A	Other interaction		
AKR5869		What services could this agency provide to better serve you?		
AKR5870		If you could improve one thing about this site, what would it be?		
AKR5871		Please rate your impression of how well this agency encourages	1=Poor 2 3 4 5 6 7 8 9 10=Excellent Not sure	
AKR5872		Please rate how well this website solicits public input on important	1=Poor 2 3 4 5	

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QID (Group ID)	Skip Logic Label	Question Text	Answer Choices (limited to 50 characters)	Skip to
			6	
			7	
			8	
			9	
			10=Excellent	
AKR5873		What is your gender ?	Female	
			Male	
			I prefer not to respond	
AKR5874		Please select the category that includes your age .	17 and under	
			18 - 24	
			25 - 34	
			35 - 44	
			45 - 54	
			55 - 64	
			65 and over	
			I prefer not to respond	
AKR5875		Which of the following best describes the highest level of education	Current middle or high school student	
			Did not complete high school	
			High school graduate	
			Some college/vocational school	
			College graduate	
			Some postgraduate school	
			Graduate/professional degree	
			MD/PhD	
			Prefer not to respond	
AKR5876		What state do you live in?	Alabama	
			Alaska	
			Arizona	
			Arkansas	
			California	
			Colorado	
			Connecticut	
			Delaware	
			Florida	
			Georgia	
			Hawaii	
			Idaho	
			Illinois	
			Indiana	
			Iowa	
			Kansas	
			Kentucky	

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QID (Group ID)	Skip Logic Label	Question Text	Answer Choices (limited to 50 characters)	Skip to
			Louisiana	
			Maine	
			Maryland	
			Massachusetts	
			Michigan	
			Minnesota	
			Mississippi	
			Missouri	
			Montana	
			Nebraska	
			Nevada	
			New Hampshire	
			New Jersey	
			New Mexico	
			New York	
			North Carolina	
			North Dakota	
			Ohio	
			Oklahoma	
			Oregon	
			Pennsylvania	
			Rhode Island	
			South Carolina	
			South Dakota	
			Tennessee	
			Texas	
			Utah	
			Vermont	
			Virginia	
			Washington	
			Washington D.C.	
			West Virginia	
			Wisconsin	
			Wyoming	
AKR5877		Are you living in a:	Urban area	
			Rural area	
			Don't know	
AKR5878		For statistical purposes only, what is your zip code ?		
AKR5879		How do you describe your ethnicity ?	Hispanic	
			Non-Hispanic	
			I prefer not to respond	
AKR5880		How do you describe your race ?	American Indian or Alaska Native	

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QID (Group ID)	Skip Logic Label	Question Text	Answer Choices (limited to 50 characters)	Skip to
			Asian or Pacific Islander African American or Black White Other I prefer not to respond	
AKR5881		During an average week, about how many hours do you spend using	Less than 6 hours 6-10 hours 11-20 hours 21-40 hours More than 40 hours	
AKR5882		What do you typically use the Internet for?	Research News Email Work Connecting Watching videos Listening to music Other, please specify:	A
AKR5883	A	Other Internet usage		
AKR5884		What is your internet connection speed?	Dial-up Broadband DSL Don't know	

Type (select from list)	Single or Multi	Required Y/N	Special Instructions	CQ Label
Drop down, select one	S	Y		Primary interest
Radio button, one-up vertical	S	Y		Primary focus
Text area, no char limit		N		Other primary focus
Radio button, one-up vertical	S	Y		Primary looking
Text area, no char limit		N		Other looking for
Radio button, one-up vertical	S	Y		Personal
Text area, no char limit		N		Other personal info/service
Radio button, one-up vertical	S	N		Personal family
Text area, no char limit		N		Other personal family member
Drop down, select one	S	Y		Personal age of
Radio button, one-up vertical	S	Y		Personal specific

Type (select from list)	Single or Multi	Required Y/N	Special Instructions	CQ Label
Text area, no char limit		N		Other personal specific interest
Radio button, one-up vertical	S	Y		Personal alcohol
Text area, no char limit		N		Other personal AS topics
Radio button, one-up vertical	S	Y		Personal mental
Text area, no char limit		N		Other personal MH topics
Radio button, one-up vertical	S	Y		Professional
Text area, no char limit		N		Other professional info/pubs
Radio button, one-up vertical	S	Y		Professional

[Red Header Bar]				
Type (select from list)	Single or Multi	Required Y/N	Special Instructions	CQ Label
Text area, no char limit		N		Other professional occupation
Radio button, one-up vertical	S	Y		Professional
Text area, no char limit		N		Other professional workplace
Drop down, select one	S	Y		Frequency of
Radio button, one-up vertical	S	Y		Source brought
				Other source
Checkbox, one-up vertical	M	Y		Area Visited

Type (select from list)	Single or Multi	Required Y/N	Special Instructions	CQ Label
Checkbox, one-up vertical	M	Y		Reason
Text area, no char limit		N		Other reason
Radio button, one-up vertical	S	Y		Method
Text area, no char limit		N		Other method
Drop down, select one	S	Y		Locators
Radio button, one-up vertical	S	Y		Find info
Text area, no char limit		N		No info found
Radio button, one-up vertical	S	Y		Options to share

Type (select from list)	Single or Multi	Required Y/N	Special Instructions	CQ Label
Text area, no char limit		N		Other options for info sharing
Drop down, select one	S	Y		Share button
Checkbox, one-up vertical	M	Y		Interaction with
Text area, no char limit		N		Other site interaction
Text area, no char limit		N		Other services wanted
Text area, no char limit		N		Improvement
Radio button, one-up vertical	S	Y		Encourage
Radio button, one-up vertical	S	Y		Collaboration and



Type (select from list)	Single or Multi	Required Y/N	Special Instructions	CQ Label
Drop down, select one	S	N		Gender
Drop down, select one	S	N		Age
Drop down, select one	S	N		Education
Drop down, select one	S	N		State



Type (select from list)	Single or Multi	Required Y/N	Special Instructions	CQ Label
Drop down, select one	S	N		Living area
Text field, <100 char		N		Zip code
Drop down, select one	S	N		Ethnicity
Drop down, select one	S	N		Race

Type (select from list)	Single or Multi	Required Y/N	Special Instructions	CQ Label
Drop down, select one	S	N		Internet hours
Checkbox, one-up vertical	M	Y		Internet usage
Text area, no char limit		N		Other internet usage
Drop down, select one	S	N		Internet

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SAMHSA NMHC CUSTOM QUESTION LIST

QID (Group ID)	Skip Logic Label	Question Text	Answer Choices (limited to 50 characters)	Skip to
AKR5822		Is your primary interest in Substance Abuse and Mental Health:	Personal Professional	A B
AKR5823		Is the primary focus for your visit today:	Substance Abuse Mental Health Other, please specify:	H
AKR5824	H	Other primary focus.		
AKR5825		What are you primarily looking for ?	Prevention Treatment Other, please specify:	C
AKR5826	C	Please specify what you are looking for.		
AKR5827	A1	I am seeking information and/or service(s) for:	Myself A family member A friend or acquaintance A co-worker or subordinate My volunteer organization Other, please specify:	I D
AKR5828	D	Others seeking information or services for.		
AKR5829	I	If family member, who are you seeking information for?	Child Parent Sibling Spouse Other, please specify:	J
AKR5830	J	Other family member.		
AKR5831	A2	Age of person seeking information for:	Children <12 years Teens 13-17 Adults 18-26 Adults 27-35 Adults 36-44 Adults 45-53 Adults 54-64 Adults 65+	
AKR5832	A3	What is your specific interest in?	Prevention programs	

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QID (Group ID)	Skip Logic Label	Question Text	Answer Choices (limited to 50 characters)	Skip to
			Support programs Treatment Options Treatment Financing Other, please specify:	K
AKR5833	K	Other interest.		
AKR5834	A4	If looking for alcohol or substance abuse information, what specific	Alcohol Illegal substances (e.g., marijuana, meth, cocaine) Over the counter products Prescription drugs Tobacco/Smoking/Nicotine Other, please specify: Not applicable	L
AKR5835	L	Other alcohol or substance abuse topics.		
AKR5836	A5	If looking for mental health information, what specific topics are you	Anger Anxiety Bullying Depression PTSD Stress/Anxiety Suicide Other, please specify: Not applicable	M
AKR5837	M	Other mental health topics.		
AKR5838	B1	I am seeking information/publication(s) for:	<u>Self-education/Research</u> <u>Public awareness campaign/event</u> <u>Sharing with/educating colleagues</u> <u>Use with patients/clients</u> <u>Use within a classroom/youth setting</u> Other, please specify:	E
AKR5839	E	Others seeking publication(s) or information for.		
AKR5840	B2	Please check the box below that best describes your occupation :	<u>Clinician/medical professional</u> <u>Cleric/faith community worker</u> <u>Consultant</u> <u>Corporate finance/operations employee</u>	

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			<u>Criminal justice/legal professional</u> <u>Educator/school teacher</u> <u>Librarian/information worker</u> <u>Media/public relations professional/worker</u> <u>Policy advocate/lobbyist</u> <u>Program or service provider/worker</u> <u>Researcher</u> <u>Social Worker/counselor</u> <u>Student</u> Other, please specify:	F
AKR5841	F	Please specify your occupation.		
AKR5842	B3	Please check the box below that best describes your immediate	<u>Church/faith-based organization</u> <u>Client/patient homes</u> <u>Government office</u> <u>Individual or group private practice</u> <u>Managed care/insurance company office</u> <u>Non-Profit/Community-Based Org/Coalition</u> <u>Non-residential/out-patient facility</u> <u>Other corporate office</u> <u>Public place/Interacting in community</u> <u>Residential/in-patient facility</u> <u>School/university</u> Other, please specify:	G
AKR5843	G	Please specify your immediate workplace setting.		
AKR5844		How frequently do you visit this site?	First time Daily More than once a day About once a week About once a month Every 6 months or less	
AKR5845		How did you find out about this agency?	<u>Another website/link</u> <u>Brochure, flyer, poster, or other printed material</u> <u>Media/news story</u> <u>Other government site</u> <u>Referral from a friend/family/colleague/banker</u> <u>Search engine</u> <u>Site bookmarked</u> Other, please specify:	A

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AKR5846	A	Other source		
EDO05887		What area(s) of the site did you visit today?	Issues, Conditions & Disorders Contact Us En Espanol Location Most Popular My account New Products Professional & Research Topics Register Now Stay Connected Substance Timely Treatment, Prevention & Recovery Other	
AKR5847		Which of the following is the reason for your current visit to the	Grant/funding opportunities Find information on a specific drug Research information by audience Research information by issues/topic Get help for mental health problems Find a prevention program Find a drug treatment program Latest national drug abuse surveys/statistics and data Get latest news/press releases Find phone/email contact information Order publications Register our organization Sign up for email updates Substance abuse and/or mental health information Other, please specify:	
AKR5848	A	Other reason		
AKR5849		What method did you primarily use today to find your information?	Site's search feature Advanced search feature Top navigation bar Left navigation bar/by topic Quick link in the pages Site map Just browsed the pages Other, please specify:	A
AKR5850	A	Other method		

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AKR5851		Did you use any of the following features treatment locators ?	Mental Health Services Locator Substance Abuse Treatment Facility Locator Not at this time	
AKR5852		Did you find what you were looking for?	Yes No Partially Still looking	A A A
AKR5853	A	If you could not find what you were looking for, what was it?		
AKR5854		How do you prefer to access SAMHSA's publications and other	Online and place order to receive hard copies by mail Online and view web page (ex. --HTML format) Online and print (ex. --download PDF version or printer-friendly format) Call and speak to an Information Specialist Send an email to request information or ask a question Other	A
AKR5855	A	If you selected "Other" to the question above, please describe how you would like to access SAMHSA's publications and other information.		
AKR5856		Do you ever share information from this site with others using any of	Blogs MySpace Facebook Twitter Email Word-of-mouth Other, please specify:	A
AKR5857	A	Other options.		
AKR5858		Do you ever use the site's "Share this" button to share information you	Yes No Not sure	
AKR5859		How would you rate your familiarity with the following?	View and contribute often View often and contribute occasionally View often but don't contribute View and contribute occasionally View occasionally but don't contribute I'm familiar with, but don't own a page No familiarity	
AKR5860		Twitter	View and contribute often View often and contribute occasionally View often but don't contribute View and contribute occasionally View occasionally but don't contribute I'm familiar with, but don't own a page	

Model Instance Name:

SAMHSA NMHC

MID: AIJRpZ1w1xJYE9MMtg8JdA==

Date: 8/31/2010

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SAMHSA NMHC CUSTOM QUESTION LIST

QID (Group ID)	Skip Logic Label	Question Text	Answer Choices (limited to 50 characters)	Skip to
AKR5861		Flickr	No familiarity View and contribute often View often and contribute occasionally View often but don't contribute View and contribute occasionally View occasionally but don't contribute I'm familiar with, but don't own a page No familiarity	
AKR5862		MySpace	View and contribute often View often and contribute occasionally View often but don't contribute View and contribute occasionally View occasionally but don't contribute I'm familiar with, but don't own a page No familiarity	
AKR5863		YouTube	View and contribute often View often and contribute occasionally View often but don't contribute View and contribute occasionally View occasionally but don't contribute I'm familiar with, but don't own a page No familiarity	
AKR5864		Del.icio.us	View and contribute often View often and contribute occasionally View often but don't contribute View and contribute occasionally View occasionally but don't contribute I'm familiar with, but don't own a page No familiarity	
AKR5865		How would you most like to interact with this site? (Please select all	<u>Bookmark or tag pages</u> <u>Adding a widget or gadget to my personalized page</u> <u>By adding comments, ratings, or reviews</u> <u>Contributing to wikis</u> <u>Following a microblog</u> <u>In social networks</u> <u>In virtual worlds</u> <u>Listening to Podcasts or audio</u> <u>None</u> <u>Reading blogs</u> <u>Receiving newsletters/email updates</u> <u>Subscribing to RSS feeds</u> <u>Watching Vodcasts or video</u>	

Model Instance Name:

SAMHSA NMHC

MID: AIJRpZ1w1xJYE9MMtg8JdA==

Date: 8/31/2010

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SAMHSA NMHC CUSTOM QUESTION LIST

QID (Group ID)	Skip Logic Label	Question Text	Answer Choices (limited to 50 characters)	Skip to
AKR5866	A	Other interaction	Other, please specify:	A
AKR5867		Would you participate in a public forum on this website if offered?	Yes No Not sure	A
AKR5868	A	If yes, what topics are you interested in?		
AKR5869		What services could this agency provide to better serve you?		
AKR5870		If you could improve one thing about this site, what would it be?		
AKR5871		Please rate your impression of how well this agency encourages	1=Poor 2 3 4 5 6 7 8 9 10=Excellent Not sure	
AKR5872		Please rate how well this website solicits public input on important	1=Poor 2 3 4 5 6 7 8 9 10=Excellent	
AKR5873		What is your gender ?	Female Male I prefer not to respond	
AKR5874		Please select the category that includes your age .	17 and under 18 - 24 25 - 34 35 - 44 45 - 54 55 - 64 65 and over I prefer not to respond	

Model Instance Name:

SAMHSA NMHC

MID: AIJRpZ1w1xJYE9MMtg8JdA==

Date: 8/31/2010

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SAMHSA NMHC CUSTOM QUESTION LIST

QID (Group ID)	Skip Logic Label	Question Text	Answer Choices (limited to 50 characters)	Skip to
AKR5875		Which of the following best describes the highest level of education	Current middle or high school student Did not complete high school High school graduate Some college/vocational school College graduate Some postgraduate school Graduate/professional degree MD/PhD Prefer not to respond	
AKR5876		What state do you live in?	Alabama Alaska Arizona Arkansas California Colorado Connecticut Delaware Florida Georgia Hawaii Idaho Illinois Indiana Iowa Kansas Kentucky Louisiana Maine Maryland Massachusetts Michigan Minnesota Mississippi Missouri Montana Nebraska Nevada New Hampshire New Jersey New Mexico New York North Carolina	

Model Instance Name:

SAMHSA NMHC

MID: AIJRpZ1w1xJYE9MMtg8JdA==

Date: 8/31/2010

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SAMHSA NMHC CUSTOM QUESTION LIST

QID (Group ID)	Skip Logic Label	Question Text	Answer Choices (limited to 50 characters)	Skip to
			North Dakota Ohio Oklahoma Oregon Pennsylvania Rhode Island South Carolina South Dakota Tennessee Texas Utah Vermont Virginia Washington Washington D.C. West Virginia Wisconsin Wyoming	
AKR5877		Are you living in a:	Urban area Rural area Don't know	
AKR5878		For statistical purposes only, what is your zip code ?		
AKR5879		How do you describe your ethnicity ?	Hispanic Non-Hispanic I prefer not to respond	
AKR5880		How do you describe your race ?	American Indian or Alaska Native Asian or Pacific Islander African American or Black White Other I prefer not to respond	
AKR5881		During an average week, about how many hours do you spend using	Less than 6 hours 6-10 hours 11-20 hours 21-40 hours More than 40 hours	
AKR5882		What do you typically use the Internet for?	Research News Email Work Connecting Watching videos	

Model Instance Name:

SAMHSA NMHIC

MID: AIJRpZ1w1xJYE9MMtg8JdA==

Date: 8/31/2010

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SAMHSA NMHIC CUSTOM QUESTION LIST

QID (Group ID)	Skip Logic Label	Question Text	Answer Choices (limited to 50 characters)	Skip to
			Listening to music	
			Other, please specify:	A
AKR5883	A	Other Internet usage		
AKR5884		What is your internet connection speed?	Dial-up	
			Broadband	
			DSL	
			Don't know	

Type (select from list)	Single or Multi	Required Y/N	Special Instructions	CQ Label
Drop down, select one	S	Y		Primary interest
Radio button, one-up vertical	S	Y		Primary focus
Text area, no char limit		N		Other primary focus
Radio button, one-up vertical	S	Y		Primary looking for
Text area, no char limit		N		Other looking for
Radio button, one-up vertical	S	Y		Personal info/service
Text area, no char limit		N		Other personal info/service
Radio button, one-up vertical	S	N		Personal family member
Text area, no char limit		N		Other personal family member
Drop down, select one	S	Y		Personal age of person
Radio button, one-up vertical	S	Y		Personal

Type (select from list)	Single or Multi	Required Y/N	Special Instructions	CQ Label
				specific interest
Text area, no char limit		N		Other personal specific interest
Radio button, one-up vertical	S	Y		Personal alcohol and substance topics
Text area, no char limit		N		Other personal AS topics
Radio button, one-up vertical	S	Y		Personal mental health topics
Text area, no char limit		N		Other personal MH topics
Radio button, one-up vertical	S	Y		Professional info/pubs
Text area, no char limit		N		Other professional info/pubs
Radio button, one-up vertical	S	Y		Professional occupation

Type (select from list)	Single or Multi	Required Y/N	Special Instructions	CQ Label
Text area, no char limit		N		Other professional occupation
Radio button, one-up vertical	S	Y		Professional workplace
Text area, no char limit		N		Other professional workplace
Drop down, select one	S	Y		Frequency of visits
Radio button, one-up vertical	S	Y		Source brought to site

Type (select from list)	Single or Multi	Required Y/N	Special Instructions	CQ Label
				Other source
Checkbox, one-up vertical	M	Y		Area Visited
Checkbox, one-up vertical	M	Y		Reason
Text area, no char limit		N		Other reason
Radio button, one-up vertical	S	Y		Method
Text area, no char limit		N		Other method

Type (select from list) Drop down, select one	Single or Multi S	Required Y/N Y	Special Instructions	CQ Label
				Locators
Radio button, one-up vertical	S	Y		Find info
Text area, no char limit		N		No info found
Radio button, one-up vertical	S	Y		Preferred access
Text area, no char limit		N		Other preferred access
Radio button, one-up vertical	S	Y		Options to share information
Text area, no char limit		N		Other options for info sharing
Drop down, select one	S	Y		Share button
Drop down, select one	S	N	Adjust template/style sheet	Facebook
Drop down, select one	S	N	Adjust template/style sheet	Twitter

Type (select from list)	Single or Multi	Required Y/N	Special Instructions	CQ Label
Drop-down, –select-one	S	N	Adjust template/style sheet	Flickr
Drop-down, –select-one	S	N	Adjust template/style sheet	MySpace
Drop-down, –select-one	S	N	Adjust template/style sheet	YouTube
Drop-down, –select-one	S	N	Adjust template/style sheet	Del.icio.us
Checkbox, one-up vertical	M	Y		Interaction with site

Type (select from list)	Single or Multi	Required Y/N	Special Instructions	CQ Label
Text area, no char limit		N		Other site interaction
Drop down, select one	S	Y		Public forum
Text area, no char limit		N		Public forum topics
Text area, no char limit		N		Other services wanted
Text area, no char limit		N		Improvement
Radio button, one-up vertical	S	Y		Encourage Participation
Radio button, one-up vertical	S	Y		Collaboration and Participation
Drop down, select one	S	N		Gender
Drop down, select one	S	N		Age



Type (select from list) Drop down, select one	Single or Multi	Required Y/N	Special Instructions	CQ Label
	S	N		Education
Drop down, select one	S	N		State

Type (select from list)	Single or Multi	Required Y/N	Special Instructions	CQ Label
Drop down, select one	S	N		Living area
Text field, <100 char		N		Zip code
Drop down, select one	S	N		Ethnicity
Drop down, select one	S	N		Race
Drop down, select one	S	N		Internet hours
Checkbox, one-up vertical	M	Y		Internet usage

Type (select from list)	Single or Multi	Required Y/N	Special Instructions	CQ Label
Text area, no char limit		N		Other internet usage
Drop down, select one	S	N		Internet connection

Model Instance Name:

SAMHSA Store V2

MID: YItkJ4B5FR1E0Q5tk49Zow4C

Date: 5/18/16

SAMHSA Stor

QID (Group ID)	Skip Logic Label	Question Text	Answer IDs (DOT ONLY)
MAC1878		How frequently do you visit the SAMHSA Store?	MAC1878A01 MAC1878A02 MAC1878A03 MAC1878A04 MAC1878A05
MAC1879		What is your primary interest in substance abuse and mental health topics?	MAC1879A01 MAC1879A02
MAC1880	A1	For whom are you looking up information and resources?	MAC1880A01 MAC1880A02 MAC1880A03
MAC1881	A2	What is the age of the person for whom you are seeking resources?	MAC1881A01 MAC1881A02 MAC1881A03 MAC1881A04 MAC1881A05 MAC1881A06 MAC1881A07 MAC1881A08
MAC1882	A3	Are you primarily looking for information on any of the following topics?	MAC1882A01 MAC1882A02 MAC1882A03 MAC1882A04 MAC1882A05
MAC1883	A4	Please specify the topic of interest for treatment and recovery. (Check all that apply)	MAC1883A02 MAC1883A05 MAC1883A06
MAC1884	A5	Please specify the topic of interest for substance abuse prevention. (Check all that apply)	MAC1884A01 MAC1884A03 MAC1884A04 MAC1884A02

MAC1885	A6	Please specify the topic of interest for preventing mental illness and promoting mental wellness. (Check all that apply)	MAC1885A01 MAC1885A02 MAC1885A03 MAC1885A04 MAC1885A05 MAC1885A06 MAC1885A07 MAC1885A08
MAC1886	A7	Please specify the topic of interest for trauma recovery. (Check all that apply)	MAC1886A01 MAC1886A02 MAC1886A03 MAC1886A04 MAC1886A05
MAC1887	A8	Please specify other information looking for.	
MAC1888	B1	What best describes your organization type ?	MAC1888A01 MAC1888A02 MAC1888A05 MAC1888A06 MAC1888A08 MAC1888A10
NEL0120898	A	Please specify your organization.	
MAC1889	B2	For whom are you primarily looking for information and resources?	MAC1889A01 MAC1889A02 MAC1889A03 MAC1889A04 MAC1889A05
MAC1890	B3	Which of the following best describes the age of your patients, clients, or students?	MAC1890A01 MAC1890A02 MAC1890A03 MAC1890A04 MAC1890A05 MAC1890A06 MAC1890A07 MAC1890A08
MAC1891	B4	Were you primarily looking for information on any of the following topics?	MAC1891A02 MAC1891A03

			MAC1891A04 MAC1891A05 MAC1891A06
MAC1893	B6	Please specify the topic of interest for treatment and recovery. (Check all that apply)	MAC1893A01 MAC1893A02 MAC1893A03 MAC1893A04 MAC1893A05
MAC1894	B7	Please specify the topic of interest for substance abuse prevention. (Check all that apply)	MAC1894A01 MAC1894A03 MAC1894A04 MAC1894A02 MAC1894A05
MAC1895	B8	Please specify the topic of interest for preventing mental illness and promoting mental wellness. (Check all that apply)	MAC1895A01 MAC1895A02 MAC1895A03 MAC1895A04 MAC1895A05 MAC1895A06 MAC1895A07 MAC1895A08 MAC1895A09
MAC1896	B9	Please specify the topic of interest for trauma. (Check all that apply)	MAC1896A01 MAC1896A02 MAC1896A03 MAC1896A04 MAC1896A05
MAC1897	B10	Please specify other information looking for.	
MAC1898		Did you find what you were looking for?	MAC1898A01 MAC1898A02 MAC1898A03 MAC1898A04
MAC1899		How satisfied were you with the content available ?	MAC1899A01 MAC1899A02 MAC1899A03 MAC1899A04 MAC1899A05
MAC1900	A	Please tell us how our products and resources could be improved .	
MAC1901		What services could this agency provide to better serve you?	
MAC1902		Please specify the types of electronic devices you use. (Check all that apply)	MAC1902A01 MAC1902A02

MAC1902A03

MAC1902A04

The following demographics questions are entirely optional and will be used for stat

MAC1903		What is your gender ?	MAC1903A01 MAC1903A02 MAC1903A03
MAC1904		Please select the category that includes your age .	MAC1904A01 MAC1904A02 MAC1904A03 MAC1904A04 MAC1904A05 MAC1904A06 MAC1904A07 MAC1904A08
MAC1905		Which of the following best describes the highest level of education you have completed?	MAC1905A01 MAC1905A02 MAC1905A03 MAC1905A04 MAC1905A05 MAC1905A06 MAC1905A07 MAC1905A08 MAC1905A09
CUE0405850		Where do you live?	CUE0405850A001 CUE0405850A002 CUE0405850A003
MAC1906	A	Please select your state.	MAC1906A01 MAC1906A02 MAC1906A03 MAC1906A04 MAC1906A05 MAC1906A06 MAC1906A07 MAC1906A08 MAC1906A09 MAC1906A10 MAC1906A11 MAC1906A12 MAC1906A13 MAC1906A14 MAC1906A15 MAC1906A16 MAC1906A17 MAC1906A18 MAC1906A19 MAC1906A20 MAC1906A21

			MAC1906A22 MAC1906A23 MAC1906A24 MAC1906A25 MAC1906A26 MAC1906A27 MAC1906A28 MAC1906A29 MAC1906A30 MAC1906A31 MAC1906A32 MAC1906A33 MAC1906A34 MAC1906A35 MAC1906A36 MAC1906A37 MAC1906A38 MAC1906A39 MAC1906A40 MAC1906A41 MAC1906A42 MAC1906A43 MAC1906A44 MAC1906A45 MAC1906A46 MAC1906A47 MAC1906A48 MAC1906A49 MAC1906A50 MAC1906A51 MAC1906A52
CUE0405851	B	Please select your place of residence.	CUE0405851A 001 CUE0405851A 002 CUE0405851A 003 CUE0405851A 004 CUE0405851A 005
CUE0405852	C	Please specify your country.	new
MAC1907		Are you living in a:	MAC1907A01 MAC1907A02 MAC1907A03
MAC1908		How do you describe your ethnicity ?	MAC1908A01 MAC1908A02 MAC1908A03
MAC1909		How do you describe your race ?	MAC1909A01 MAC1909A02 MAC1909A03 MAC1909A04

			MAC1909A05
			MAC1909A06

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blue + -->: REWORDING

e V2 CUSTOM QUESTION LIST

Answer Choices (limited to 50 characters)	Skip to	Type (select from list)	Single or Multi	Required Y/N
First time		Drop down, select one	S	Y
Daily				
Weekly				
Monthly				
Every few months or less often				
Personal	A1-A3	Drop down, select one	S	Y
Professional	B1-B4			
Yourself		Radio button, one-up vertical	S	Y
Family member				
Friend				
12 and under		Radio button, one-up vertical	S	Y
13 to 17				
18 to 24				
25 to 34				
35 to 44				
45 to 54				
55 to 64				
65 and older				
Treatment and recovery	A4	Radio button, one-up vertical	S	Y
Preventing substance abuse problems	A5			
Preventing mental illness/promoting mental wellness	A6			
Helping someone cope with and recover from a traumatic event	A7			
Other, please specify	A8			
Understanding different types of treatment		Checkbox, one-up vertical	M	Y
Information about specific substances of abuse				
Information about specific mental illnesses				
Alcohol		Checkbox, one-up vertical	M	Y
Marijuana				
Prescription drugs				
Tobacco				
Other substances (e.g., cocaine, heroin)				

Anger management		Checkbox, one-up vertical	M	Y
Anxiety or depression				
Bullying prevention				
Eating disorders				
PTSD				
Schizophrenia				
Stress management				
Suicide prevention				
Death of a loved one		Checkbox, one-up vertical	M	Y
Physical or sexual abuse				
Natural disaster				
Mass violence				
Post-military deployment				
		Text area, no char limit		N
Behavioral health treatment facility		Radio button, one-up vertical	S	Y
Criminal justice/courts				
Health insurer				
Human resources/employee assistance program				
Individual or group private practice				
Managed care/insurance company office				
Military/veterans group				
Nonprofit/community-based organization/coalition				
Non-residential/out-patient facility				
Public place/Interacting in community				
Residential/in-patient facility				
School/university				
Other	A			
		Text area, no char limit		N
Professional education for self/colleagues		Radio button, one-up vertical	S	Y
Use with patients/clients				
Use within classroom/youth setting				
Public awareness campaign/event				
Other				
12 and under		Radio button, one-up vertical	S	Y
13 to 17				
18 to 24				
25 to 34				
35 to 44				
45 to 54				
55 to 64				
65 and older				
Treatment and recovery	B6	Radio button, one-up vertical	S	Y
Substance abuse prevention	B7			

Preventing mental illness/promoting mental wellness	B8			
Trauma	B9			
Other, please specify	B10			
Patient/client educational materials		Checkbox, one-up vertical	M	Y
Evidence based practices				
Information for working with specific populations				
Information about specific substances of abuse				
Information about specific mental illnesses				
Alcohol		Checkbox, one-up vertical	M	Y
Marijuana				
Prescription drugs				
Tobacco				
Other substances (e.g., cocaine, heroin)				
Parenting/family resources				
Anger management		Checkbox, one-up vertical	M	Y
Bullying prevention				
Eating disorders				
Mood disorders				
PTSD				
Schizophrenia				
Stress management				
Suicide prevention				
Parenting/family resources				
Grief		Checkbox, one-up vertical	M	Y
Physical or sexual abuse				
Natural disaster				
Mass violence				
Post-military deployment				
		Text area, no char limit		N
Yes		Drop down, select one	S	Y
No				
Partially				
Still looking				
Very satisfied		Drop down, select one	S	Y
Somewhat satisfied				
No opinion				
Somewhat dissatisfied	A			
Very dissatisfied	A			
		Text area, no char limit		N
		Text area, no char limit		N
Desktop or laptop computer		Checkbox, one-up vertical	M	Y
Tablet or e-reader (e.g., iPad, Kindle, Nook)				

Smartphone (e.g., iPhone or similar devices with web access)				
Cell phone				

istical purposes only.

Female		Drop down, select one	S	N
Male				
Prefer not to respond				
17 and under		Drop down, select one	S	N
18 - 24				
25 - 34				
35 - 44				
45 - 54				
55 - 64				
65 and over				
Prefer not to respond				
Current middle or high school student		Drop down, select one	S	N
Did not complete high school				
High school graduate				
Some college/vocational school				
College graduate				
Some postgraduate school				
Graduate/professional degree				
MD/PhD				
Prefer not to respond				
United States	A	Drop down, select one	S	N
U.S. Territories or Possessions	B			
International (please specify)	C			
Alabama		Drop down, select one	S	N
Alaska				
Arizona				
Arkansas				
California				
Colorado				
Connecticut				
Delaware				
Florida				
Georgia				
Hawaii				
Idaho				
Illinois				
Indiana				
Iowa				
Kansas				
Kentucky				
Louisiana				
Maine				
Maryland				
Massachusetts				

Michigan				
Minnesota				
Mississippi				
Missouri				
Montana				
Nebraska				
Nevada				
New Hampshire				
New Jersey				
New Mexico				
New York				
North Carolina				
North Dakota				
Ohio				
Oklahoma				
Oregon				
Pennsylvania				
Rhode Island				
South Carolina				
South Dakota				
Tennessee				
Texas				
Utah				
Vermont				
Virginia				
Washington				
Washington D.C.				
West Virginia				
Wisconsin				
Wyoming				
American Samoa		Drop down, select one	S	N
Guam				
Northern Mariana Islands				
Puerto Rico				
U.S. Virgin Islands				
		Text area, 100 character limit		N
Urban area		Drop down, select one	S	N
Rural area				
Don't know				
Hispanic		Drop down, select one	S	N
Non-Hispanic				
Prefer not to respond				
American Indian or Alaska Native		Drop down, select one	S	N
Asian or Pacific Islander				
African American or Black				
White				

Other				
Prefer not to respond				

Special Instructions	CQ Label
	Frequency of visits
Skip Logic Group	Primary interest
Skip Logic Group	Personal info for
Skip Logic Group	Personal age
Skip Logic Group	Personal info topic
Skip Logic Group	Personal treatment
Skip Logic Group	Personal SA prevention

Skip Logic Group	Personal MH illness
Skip Logic Group	Personal trauma
Skip Logic Group	Personal other info
Skip Logic Group	Organization type
Skip Logic Group	Organization type Other
Skip Logic Group	Professional info for
Skip Logic Group	Professional age
Skip Logic Group	Professional info topic

Skip Logic Group	Professional treatment
Skip Logic Group	Professional SA prevention
Skip Logic Group	Professional MH illness
Skip Logic Group	Professional trauma
Skip Logic Group	Professional other info
	Find info
Skip Logic Group	Content satisfaction
Skip Logic Group	Improve products
	Other services wanted
	Device type

	Gender
	Age
	Education
Skip Logic Group	Location
Skip Logic Group	State



Model Instance Name:

SAMHSA Store V2

MID: YItkJ4B5FR1E0Q5tk49Zow4C

Date: 5/18/16

SAMHSA Stor

QID (Group ID)	Skip Logic Label	Question Text	Answer IDs (DOT ONLY)
MAC1878		How frequently do you visit the SAMHSA Store?	MAC1878A01 MAC1878A02 MAC1878A03 MAC1878A04 MAC1878A05
MAC1879		What is your primary interest in substance abuse and mental health topics?	MAC1879A01 MAC1879A02
MAC1880	A1	For whom are you looking up information and resources?	MAC1880A01 MAC1880A02 MAC1880A03
MAC1881	A2	What is the age of the person for whom you are seeking resources?	MAC1881A01 MAC1881A02 MAC1881A03 MAC1881A04 MAC1881A05 MAC1881A06 MAC1881A07 MAC1881A08
MAC1882	A3	Are you primarily looking for information on any of the following topics?	MAC1882A01 MAC1882A02 MAC1882A03 MAC1882A04 MAC1882A05
MAC1883	A4	Please specify the topic of interest for treatment and recovery. (Check all that apply)	MAC1883A01 MAC1883A02 MAC1883A03 MAC1883A04 MAC1883A05 MAC1883A06
MAC1884	A5	Please specify the topic of interest for substance abuse prevention. (Check all that apply)	MAC1884A01

			MAC1884A03 MAC1884A04 MAC1884A02
MAC1885	A6	Please specify the topic of interest for preventing mental illness and promoting mental wellness. (Check all that apply)	MAC1885A01 MAC1885A02 MAC1885A03 MAC1885A04 MAC1885A05 MAC1885A06 MAC1885A07 MAC1885A08
MAC1886	A7	Please specify the topic of interest for trauma recovery. (Check all that apply)	MAC1886A01 MAC1886A02 MAC1886A03 MAC1886A04 MAC1886A05
MAC1887	A8	Please specify other information looking for.	
MAC1888	B1	What best describes your organization type ?	MAC1888A01 MAC1888A02 MAC1888A05 MAC1888A06 MAC1888A08 MAC1888A10
NEL0120898	A	Please specify your organization.	
MAC1889	B2	For whom are you primarily looking for information and resources?	MAC1889A01 MAC1889A02 MAC1889A03 MAC1889A04 MAC1889A05
MAC1890	B3	Which of the following best describes the age of your patients, clients, or students?	MAC1890A01 MAC1890A02 MAC1890A03 MAC1890A04 MAC1890A05 MAC1890A06 MAC1890A07 MAC1890A08

MAC1891	B4	Were you primarily looking for information on any of the following topics?	MAC1891A01 MAC1891A02 MAC1891A03 MAC1891A04 MAC1891A05 MAC1891A06
MAC1892	B5	Please specify the topic of interest for Affordable Care Act. (Check all that apply)	MAC1892A01 MAC1892A02 MAC1892A03
MAC1893	B6	Please specify the topic of interest for treatment and recovery. (Check all that apply)	MAC1893A01 MAC1893A02 MAC1893A03 MAC1893A04 MAC1893A05
MAC1894	B7	Please specify the topic of interest for substance abuse prevention. (Check all that apply)	MAC1894A01 MAC1894A03 MAC1894A04 MAC1894A02 MAC1894A05
MAC1895	B8	Please specify the topic of interest for preventing mental illness and promoting mental wellness. (Check all that apply)	MAC1895A01 MAC1895A02 MAC1895A03 MAC1895A04 MAC1895A05 MAC1895A06 MAC1895A07 MAC1895A08 MAC1895A09
MAC1896	B9	Please specify the topic of interest for trauma. (Check all that apply)	MAC1896A01 MAC1896A02 MAC1896A03 MAC1896A04 MAC1896A05
MAC1897	B10	Please specify other information looking for.	
MAC1898		Did you find what you were looking for?	MAC1898A01 MAC1898A02 MAC1898A03 MAC1898A04
MAC1899		How satisfied were you with the content available ?	MAC1899A01 MAC1899A02 MAC1899A03

			MAC1899A04 MAC1899A05
MAC1900	A	Please tell us how our products and resources could be improved.	
MAC1901		What services could this agency provide to better serve you?	
MAC1902		Please specify the types of electronic devices you use. (Check all that apply)	MAC1902A01 MAC1902A02 MAC1902A03 MAC1902A04
The following demographics questions are entirely optional and will be used for stat			
MAC1903		What is your gender ?	MAC1903A01 MAC1903A02 MAC1903A03
MAC1904		Please select the category that includes your age .	MAC1904A01 MAC1904A02 MAC1904A03 MAC1904A04 MAC1904A05 MAC1904A06 MAC1904A07 MAC1904A08
MAC1905		Which of the following best describes the highest level of education you have completed?	MAC1905A01 MAC1905A02 MAC1905A03 MAC1905A04 MAC1905A05 MAC1905A06 MAC1905A07 MAC1905A08 MAC1905A09
new		Where do you live?	new new new
MAC1906	A	Please select your state .	MAC1906A01 MAC1906A02 MAC1906A03 MAC1906A04 MAC1906A05 MAC1906A06 MAC1906A07 MAC1906A08 MAC1906A09 MAC1906A10 MAC1906A11 MAC1906A12 MAC1906A13 MAC1906A14 MAC1906A15

			MAC1906A16 MAC1906A17 MAC1906A18 MAC1906A19 MAC1906A20 MAC1906A21 MAC1906A22 MAC1906A23 MAC1906A24 MAC1906A25 MAC1906A26 MAC1906A27 MAC1906A28 MAC1906A29 MAC1906A30 MAC1906A31 MAC1906A32 MAC1906A33 MAC1906A34 MAC1906A35 MAC1906A36 MAC1906A37 MAC1906A38 MAC1906A39 MAC1906A40 MAC1906A41 MAC1906A42 MAC1906A43 MAC1906A44 MAC1906A45 MAC1906A46 MAC1906A47 MAC1906A48 MAC1906A49 MAC1906A50 MAC1906A51 MAC1906A52
new	B	Please select your place of residence.	new new new new new
new	C	Please specify your country.	new
MAC1907		Are you living in a:	MAC1907A01 MAC1907A02 MAC1907A03
MAC1908		How do you describe your ethnicity ?	MAC1908A01 MAC1908A02 MAC1908A03
MAC1909		How do you describe your race ?	MAC1909A01

			MAC1909A02
			MAC1909A03
			MAC1909A04
			MAC1909A05
			MAC1909A06

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underlined & italicized: RE-ORDER

pink: ADDITION

blue + -->: REWORDING

e V2 CUSTOM QUESTION LIST				
Answer Choices (limited to 50 characters)	Skip to	Type (select from list)	Single or Multi	Required Y/N
First time		Drop down, select one	S	Y
Daily				
Weekly				
Monthly				
Every few months or less often				
Personal	A1-A3	Drop down, select one	S	Y
Professional	B1-B4			
Yourself		Radio button, one-up vertical	S	Y
Family member				
Friend				
12 and under		Radio button, one-up vertical	S	Y
13 to 17				
18 to 24				
25 to 34				
35 to 44				
45 to 54				
55 to 64				
65 and older				
Treatment and recovery	A4	Radio button, one-up vertical	S	Y
Preventing substance abuse problems	A5			
Preventing mental illness/promoting mental wellness	A6			
Helping someone cope with and recover from a traumatic event	A7			
Other, please specify	A8			
Options for paying for treatment		Checkbox, one-up vertical	M	Y
Understanding different types of treatment				
Identifying a treatment professional or facility				
Recovery support services (e.g., support groups)				
Information about specific substances of abuse				
Information about specific mental illnesses		Checkbox, one-up vertical	M	Y
Alcohol				
Marijuana				

Prescription drugs							
Tobacco							
Other substances (e.g., cocaine, heroin)							
Anger management		Checkbox, one-up vertical	M	Y			
Anxiety or depression							
Bullying prevention							
Eating disorders							
PTSD							
Schizophrenia							
Stress management							
Suicide prevention							
Death of a loved one					Checkbox, one-up vertical	M	Y
Physical or sexual abuse							
Natural disaster							
Mass violence							
Post-military deployment							
		Text area, no char limit		N			
Behavioral health treatment facility		Radio button, one-up vertical	S	Y			
Criminal justice/courts							
Health insurer							
Human resources/employee assistance program							
Individual or group private practice							
Managed care/insurance company office							
Military/veterans group							
Nonprofit/community-based organization/coalition							
Non-residential/out-patient facility							
Public place/Interacting in community							
Residential/in-patient facility							
School/university							
Other	A						
					Text area, no char limit		N
Professional education for self/colleagues		Radio button, one-up vertical	S	Y			
Use with patients/clients							
Use within classroom/youth setting							
Public awareness campaign/event							
Other							
12 and under		Radio button, one-up vertical	S	Y			
13 to 17							
18 to 24							
25 to 34							
35 to 44							
45 to 54							
55 to 64							
65 and older							

Affordable Care Act (e.g., health reform, parity)	B5	Radio button, one-up vertical	S	Y
Treatment and recovery	B6			
Substance abuse prevention	B7			
Preventing mental illness/promoting mental wellness	B8			
Trauma	B9			
Other, please specify	B10			
Reimbursement for behavioral health services		Checkbox, one-up vertical	M	Y
Enrolling patients/clients in health insurance exchanges or Medicaid/Medicare				
Other				
Patient/client educational materials		Checkbox, one-up vertical	M	Y
Evidence based practices				
Information for working with specific populations				
Information about specific substances of abuse				
Information about specific mental illnesses				
Alcohol		Checkbox, one-up vertical	M	Y
Marijuana				
Prescription drugs				
Tobacco				
Other substances (e.g., cocaine, heroin)				
Parenting/family resources				
Anger management		Checkbox, one-up vertical	M	Y
Bullying prevention				
Eating disorders				
Mood disorders				
PTSD				
Schizophrenia				
Stress management				
Suicide prevention				
Parenting/family resources				
Grief		Checkbox, one-up vertical	M	Y
Physical or sexual abuse				
Natural disaster				
Mass violence				
Post-military deployment				
		Text area, no char limit		N
Yes		Drop down, select one	S	Y
No				
Partially				
Still looking				
Very satisfied		Drop down, select one	S	Y
Somewhat satisfied				
No opinion				

Somewhat dissatisfied	A			
Very dissatisfied	A			
		Text area, no char limit		N
		Text area, no char limit		N
Desktop or laptop computer		Checkbox, one-up vertical	M	Y
Tablet or e-reader (e.g., iPad, Kindle, Nook)				
Smartphone (e.g., iPhone or similar devices with web access)				
Cell phone				

istical purposes only.

Female		Drop down, select one	S	N
Male				
Prefer not to respond				
17 and under		Drop down, select one	S	N
18 - 24				
25 - 34				
35 - 44				
45 - 54				
55 - 64				
65 and over				
Prefer not to respond				
Current middle or high school student		Drop down, select one	S	N
Did not complete high school				
High school graduate				
Some college/vocational school				
College graduate				
Some postgraduate school				
Graduate/professional degree				
MD/PhD				
Prefer not to respond				
United States	A	Drop down, select one	S	N
U.S. Territories or Possessions	B			
International (please specify)	C			
Alabama		Drop down, select one	S	N
Alaska				
Arizona				
Arkansas				
California				
Colorado				
Connecticut				
Delaware				
Florida				
Georgia				
Hawaii				
Idaho				
Illinois				
Indiana				
Iowa				

Kansas				
Kentucky				
Louisiana				
Maine				
Maryland				
Massachusetts				
Michigan				
Minnesota				
Mississippi				
Missouri				
Montana				
Nebraska				
Nevada				
New Hampshire				
New Jersey				
New Mexico				
New York				
North Carolina				
North Dakota				
Ohio				
Oklahoma				
Oregon				
Pennsylvania				
Rhode Island				
South Carolina				
South Dakota				
Tennessee				
Texas				
Utah				
Vermont				
Virginia				
Washington				
Washington D.C.				
West Virginia				
Wisconsin				
Wyoming				
Prefer not to respond				
American Samoa		Drop down, select one	S	N
Guam				
Northern Mariana Islands				
Puerto Rico				
U.S. Virgin Islands				
		Text area, 100 character limit		N
Urban area		Drop down, select one	S	N
Rural area				
Don't know				
Hispanic		Drop down, select one	S	N
Non-Hispanic				
Prefer not to respond				
American Indian or Alaska Native		Drop down, select one	S	N

Asian or Pacific Islander				
African American or Black				
White				
Other				
Prefer not to respond				

Special Instructions	CQ Label
	Frequency of visits
Skip Logic Group	Primary interest
Skip Logic Group	Personal info for
Skip Logic Group	Personal age
Skip Logic Group	Personal info topic
Skip Logic Group	Personal treatment
Skip Logic Group	Personal SA prevention

Skip Logic Group	Personal MH illness
Skip Logic Group	Personal trauma
Skip Logic Group	Personal other info
Skip Logic Group	Organization type
Skip Logic Group	Organization type Other
Skip Logic Group	Professional info for
Skip Logic Group	Professional age

Skip Logic Group	Professional info topic
Skip Logic Group	Professional ACA
Skip Logic Group	Professional treatment
Skip Logic Group	Professional SA prevention
Skip Logic Group	Professional MH illness
Skip Logic Group	Professional trauma
Skip Logic Group	Professional other info
	Find info
Skip Logic Group	Content satisfaction

Skip Logic Group	Improve products
	Other services wanted
	Device type

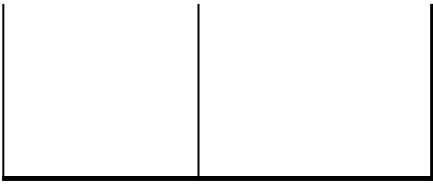
	Gender
	Age

	Education
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Skip Logic Group	Location
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Skip Logic Group	State
------------------	-------

Skip Logic Group	Territory
Skip Logic Group	OE_International
	Living area
	Ethnicity
	Race



Model Instance Name:

SAMHSA Store V2

MID: YltkJ4B5FR1E0Q5tk49Zow4C

Date: 5/18/16

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underlined & italicized: RE-ORDER

pink: ADDITION

blue + -->: REWORDING

SAMHSA Store V2 CUSTOM QUESTION

QID (Group ID)	Skip Logic Label	Question Text	Answer IDs (DOT ONLY)	Answer Choices (limited to 50 characters)	Skip to
MAC1878		How frequently do you visit the SAMHSA Store?	MAC1878A01 MAC1878A02 MAC1878A03 MAC1878A04 MAC1878A05	First time Daily Weekly Monthly Every few months or less often	
MAC1879		What is your primary interest in substance abuse and mental health topics?	MAC1879A01 MAC1879A02	Personal Professional	A1-A3 B1-B4
MAC1880	A1	For whom are you looking up information and resources?	MAC1880A01 MAC1880A02 MAC1880A03	Yourself Family member Friend	
MAC1881	A2	What is the age of the person for whom you are seeking resources?	MAC1881A01 MAC1881A02 MAC1881A03 MAC1881A04 MAC1881A05 MAC1881A06 MAC1881A07 MAC1881A08	12 and under 13 to 17 18 to 24 25 to 34 35 to 44 45 to 54 55 to 64 65 and older	
MAC1882	A3	Are you primarily looking for information on any of the following topics?	MAC1882A01 MAC1882A02 MAC1882A03 MAC1882A04 MAC1882A05	Treatment and recovery Preventing substance abuse problems Preventing mental illness/promoting mental wellness Helping someone cope with and recover from a traumatic event Other, please specify	A4 A5 A6 A7 A8
MAC1883	A4	Please specify the topic of interest for treatment and recovery. (Check all that apply)	MAC1883A01 MAC1883A02 MAC1883A03	Options for paying for treatment Understanding different types of treatment Identifying a treatment professional or facility	

			MAC1883A04	Recovery support services (e.g., support groups)	
			MAC1883A05	Information about specific substances of abuse	
			MAC1883A06	Information about specific mental illnesses	
MAC1884	A5	Please specify the topic of interest for substance abuse prevention. (Check all that apply)	MAC1884A01	Alcohol	
				Marijuana	
			MAC1884A03	Prescription drugs	
			MAC1884A04	Tobacco	
			MAC1884A02	Other substances (e.g., cocaine, heroin)	
MAC1885	A6	Please specify the topic of interest for preventing mental illness and promoting mental wellness. (Check all that apply)	MAC1885A01	Anger management	
			MAC1885A02	Anxiety or depression	
			MAC1885A03	Bullying prevention	
			MAC1885A04	Eating disorders	
			MAC1885A05	PTSD	
			MAC1885A06	Schizophrenia	
			MAC1885A07	Stress management	
			MAC1885A08	Suicide prevention	
MAC1886	A7	Please specify the topic of interest for trauma recovery. (Check all that apply)	MAC1886A01	Death of a loved one	
			MAC1886A02	Physical or sexual abuse	
			MAC1886A03	Natural disaster	
			MAC1886A04	Mass violence	
			MAC1886A05	Post-military deployment	
MAC1887	A8	Please specify other information looking for.			
MAC1888	B1	What best describes your organization type ?	MAC1888A01	Behavioral health treatment facility	
				Criminal justice/courts	
				Health insurer	
				Human resources/employee assistance program	
				Individual or group private practice	
				Managed care/insurance company office	
				Military/veterans group	
				Nonprofit/community-based organization/coalition	
			MAC1888A02	Non-residential/out-patient facility	
			MAC1888A05	Public place/Interacting in community	
			MAC1888A06	Residential/in-patient facility	
			MAC1888A08	School/university	
			MAC1888A10	Other	A
NEL0120898	A	Please specify your organization.			

MAC1889	B2	For whom are you primarily looking for information and resources?	MAC1889A01	Professional education for self/colleagues	
			MAC1889A02	Use with patients/clients	
			MAC1889A03	Use within classroom/youth setting	
			MAC1889A04	Public awareness campaign/event	
			MAC1889A05	Other	
MAC1890	B3	Which of the following best describes the age of your patients, clients, or students?	MAC1890A01	12 and under	
			MAC1890A02	13 to 17	
			MAC1890A03	18 to 24	
			MAC1890A04	25 to 34	
			MAC1890A05	35 to 44	
			MAC1890A06	45 to 54	
			MAC1890A07	55 to 64	
			MAC1890A08	65 and older	
MAC1891	B4	Were you primarily looking for information on any of the following topics?	MAC1891A01	Affordable Care Act (e.g., health reform, parity)	B5
			MAC1891A02	Treatment and recovery	B6
			MAC1891A03	Substance abuse prevention	B7
			MAC1891A04	Preventing mental illness/promoting mental wellness	B8
			MAC1891A05	Trauma	B9
			MAC1891A06	Other, please specify	B10
MAC1892	B5	Please specify the topic of interest for Affordable Care Act. (Check all that apply)	MAC1892A01	Reimbursement for behavioral health services	
			MAC1892A02	Enrolling patients/clients in health insurance exchanges or Medicaid/Medicare	
			MAC1892A03	Other	
MAC1893	B6	Please specify the topic of interest for treatment and recovery. (Check all that apply)	MAC1893A01	Patient/client educational materials	
			MAC1893A02	Evidence based practices	
			MAC1893A03	Information for working with specific populations	
			MAC1893A04	Information about specific substances of abuse	
			MAC1893A05	Information about specific mental illnesses	
MAC1894	B7	Please specify the topic of interest for substance abuse prevention. (Check all that apply)	MAC1894A01	Alcohol	
				Marijuana	
			MAC1894A03	Prescription drugs	
			MAC1894A04	Tobacco	
			MAC1894A02	Other substances (e.g., cocaine, heroin)	
	MAC1894A05	Parenting/family resources			
MAC1895	B8	Please specify the topic of interest for preventing mental illness and promoting mental wellness	MAC1895A01	Anger management	
			MAC1895A02	Bullying prevention	
			MAC1895A03	Eating disorders	

		Mental wellness. (Check all that apply)	MAC1895A04 MAC1895A05 MAC1895A06 MAC1895A07 MAC1895A08 MAC1895A09	Mood disorders PTSD Schizophrenia Stress management Suicide prevention Parenting/family resources	
MAC1896	B9	Please specify the topic of interest for trauma. (Check all that apply)	MAC1896A01 MAC1896A02 MAC1896A03 MAC1896A04 MAC1896A05	Grief Physical or sexual abuse Natural disaster Mass violence Post-military deployment	
MAC1897	B10	Please specify other information looking for.			
MAC1898		Did you find what you were looking for?	MAC1898A01 MAC1898A02 MAC1898A03 MAC1898A04	Yes No Partially Still looking	
MAC1899		How satisfied were you with the content available ?	MAC1899A01 MAC1899A02 MAC1899A03 MAC1899A04 MAC1899A05	Very satisfied Somewhat satisfied No opinion Somewhat dissatisfied Very dissatisfied	A A
MAC1900	A	Please tell us how our products and resources could be improved .			
MAC1901		What services could this agency provide to better serve you?			
MAC1902		Please specify the types of electronic devices you use. (Check all that apply)	MAC1902A01 MAC1902A02 MAC1902A03 MAC1902A04	Desktop or laptop computer Tablet or e-reader (e.g., iPad, Kindle, Nook) Smartphone (e.g., iPhone or similar devices with web access) Cell phone	
The following demographics questions are entirely optional and will be used for statistics.					
MAC1903		What is your gender ?	MAC1903A01 MAC1903A02 MAC1903A03	Female Male Prefer not to respond	
MAC1904		Please select the category that includes your age .	MAC1904A01 MAC1904A02 MAC1904A03 MAC1904A04 MAC1904A05 MAC1904A06 MAC1904A07 MAC1904A08	17 and under 18 - 24 25 - 34 35 - 44 45 - 54 55 - 64 65 and over Prefer not to respond	

MAC1905	Which of the following best describes the highest level of education you have completed?	MAC1905A01 MAC1905A02 MAC1905A03 MAC1905A04 MAC1905A05 MAC1905A06 MAC1905A07 MAC1905A08 MAC1905A09	Current middle or high school student Did not complete high school High school graduate Some college/vocational school College graduate Some postgraduate school Graduate/professional degree MD/PhD Prefer not to respond
MAC1906	What state do you live in?	MAC1906A01 MAC1906A02 MAC1906A03 MAC1906A04 MAC1906A05 MAC1906A06 MAC1906A07 MAC1906A08 MAC1906A09 MAC1906A10 MAC1906A11 MAC1906A12 MAC1906A13 MAC1906A14 MAC1906A15 MAC1906A16 MAC1906A17 MAC1906A18 MAC1906A19 MAC1906A20 MAC1906A21 MAC1906A22 MAC1906A23 MAC1906A24 MAC1906A25 MAC1906A26 MAC1906A27 MAC1906A28 MAC1906A29 MAC1906A30 MAC1906A31 MAC1906A32 MAC1906A33 MAC1906A34 MAC1906A35 MAC1906A36 MAC1906A37 MAC1906A38 MAC1906A39 MAC1906A40 MAC1906A41	Alabama Alaska Arizona Arkansas California Colorado Connecticut Delaware Florida Georgia Hawaii Idaho Illinois Indiana Iowa Kansas Kentucky Louisiana Maine Maryland Massachusetts Michigan Minnesota Mississippi Missouri Montana Nebraska Nevada New Hampshire New Jersey New Mexico New York North Carolina North Dakota Ohio Oklahoma Oregon Pennsylvania Rhode Island South Carolina South Dakota

			MAC1906A42	Tennessee	
			MAC1906A43	Texas	
			MAC1906A44	Utah	
			MAC1906A45	Vermont	
			MAC1906A46	Virginia	
			MAC1906A47	Washington	
			MAC1906A48	Washington D.C.	
			MAC1906A49	West Virginia	
			MAC1906A50	Wisconsin	
			MAC1906A51	Wyoming	
			MAC1906A52	Prefer not to respond	
MAC1907		Are you living in a:	MAC1907A01	Urban area	
			MAC1907A02	Rural area	
			MAC1907A03	Don't know	
MAC1908		How do you describe your ethnicity ?	MAC1908A01	Hispanic	
			MAC1908A02	Non-Hispanic	
			MAC1908A03	Prefer not to respond	
MAC1909		How do you describe your race ?	MAC1909A01	American Indian or Alaska Native	
			MAC1909A02	Asian or Pacific Islander	
			MAC1909A03	African American or Black	
			MAC1909A04	White	
			MAC1909A05	Other	
			MAC1909A06	Prefer not to respond	

LIST

Type (select from list)	Single or Multi	Required Y/N	Special Instructions	CQ Label
Drop down, select one	S	Y		Frequency of visits
Drop down, select one	S	Y	Skip Logic Group	Primary interest
Radio button, one-up vertical	S	Y	Skip Logic Group	Personal info for
Radio button, one-up vertical	S	Y	Skip Logic Group	Personal age
Radio button, one-up vertical	S	Y	Skip Logic Group	Personal info topic
Checkbox, one-up vertical	M	Y	Skip Logic Group	Personal treatment

Checkbox, one-up vertical	M	Y	Skip Logic Group	Personal SA prevention
Checkbox, one-up vertical	M	Y	Skip Logic Group	Personal MH illness
Checkbox, one-up vertical	M	Y	Skip Logic Group	Personal trauma
Text area, no char limit		N	Skip Logic Group	Personal other info
Radio button, one-up vertical	S	Y	Skip Logic Group	Organization type
Text area, no char limit		N	Skip Logic Group	Organization type Other

Radio button, one-up vertical	S	Y	Skip Logic Group	Professional info for
Radio button, one-up vertical	S	Y	Skip Logic Group	Professional age
Radio button, one-up vertical	S	Y	Skip Logic Group	Professional info topic
Checkbox, one-up vertical	M	Y	Skip Logic Group	Professional ACA
Checkbox, one-up vertical	M	Y	Skip Logic Group	Professional treatment
Checkbox, one-up vertical	M	Y	Skip Logic Group	Professional SA prevention
Checkbox, one-up vertical	M	Y	Skip Logic Group	Professional MH illness

Checkbox, one-up vertical	M	Y	Skip Logic Group	Professional trauma
Text area, no char limit		N	Skip Logic Group	Professional other info
Drop down, select one	S	Y		Find info
Drop down, select one	S	Y	Skip Logic Group	Content satisfaction
Text area, no char limit		N	Skip Logic Group	Improve products
Text area, no char limit		N		Other services wanted
Checkbox, one-up vertical	M	Y		Device type

cal purpose only.

Drop down, select one	S	N		Gender
Drop down, select one	S	N		Age

Drop down, select one

S

N

Education

Drop down, select one

S

N

State

Drop down, select one	S	N		Living area
Drop down, select one	S	N		Ethnicity
Drop down, select one	S	N		Race

Model Instance Name:

SAMHSA Store V2

MID: YltkJ4B5FR1E0Q5tk49Zow4C

Date: 5/18/16

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underlined & italicized: RE-ORDER

pink: ADDITION

blue + -->: REWORDING

SAMHSA Store V2 CUSTOM QUESTION

QID (Group ID)	Skip Logic Label	Question Text	Answer IDs (DOT ONLY)	Answer Choices (limited to 50 characters)	Skip to
MAC1878		How frequently do you visit the SAMHSA Store?	MAC1878A01 MAC1878A02 MAC1878A03 MAC1878A04 MAC1878A05	First time Daily Weekly Monthly Every few months or less often	
MAC1879		What is your primary interest in substance abuse and mental health topics?	MAC1879A01 MAC1879A02	Personal Professional	A1-A3 B1-B4
MAC1880	A1	For whom are you looking up information and resources?	MAC1880A01 MAC1880A02 MAC1880A03	Yourself Family member Friend	
MAC1881	A2	What is the age of the person for whom you are seeking resources?	MAC1881A01 MAC1881A02 MAC1881A03 MAC1881A04 MAC1881A05 MAC1881A06 MAC1881A07 MAC1881A08	12 and under 13 to 17 18 to 24 25 to 34 35 to 44 45 to 54 55 to 64 65 and older	
MAC1882	A3	Are you primarily looking for information on any of the following topics?	MAC1882A01 MAC1882A02 MAC1882A03 MAC1882A04 MAC1882A05	Treatment and recovery Preventing substance abuse problems Preventing mental illness/promoting mental wellness Helping someone cope with and recover from a traumatic event Other, please specify	A4 A5 A6 A7 A8
MAC1883	A4	Please specify the topic of interest for treatment and recovery. (Check all that apply)	MAC1883A01 MAC1883A02 MAC1883A03	Options for paying for treatment Understanding different types of treatment Identifying a treatment professional or facility	

			MAC1883A04	Recovery support services (e.g., support groups)	
			MAC1883A05	Information about specific substances of abuse	
			MAC1883A06	Information about specific mental illnesses	
MAC1884	A5	Please specify the topic of interest for substance abuse prevention. (Check all that apply)	MAC1884A01	Alcohol	
				Marijuana	
			MAC1884A03	Prescription drugs	
			MAC1884A04	Tobacco	
			MAC1884A02	Other substances (e.g., cocaine, heroin)	
MAC1885	A6	Please specify the topic of interest for preventing mental illness and promoting mental wellness. (Check all that apply)	MAC1885A01	Anger management	
			MAC1885A02	Anxiety or depression	
			MAC1885A03	Bullying prevention	
			MAC1885A04	Eating disorders	
			MAC1885A05	PTSD	
			MAC1885A06	Schizophrenia	
			MAC1885A07	Stress management	
			MAC1885A08	Suicide prevention	
MAC1886	A7	Please specify the topic of interest for trauma recovery. (Check all that apply)	MAC1886A01	Death of a loved one	
			MAC1886A02	Physical or sexual abuse	
			MAC1886A03	Natural disaster	
			MAC1886A04	Mass violence	
			MAC1886A05	Post-military deployment	
MAC1887	A8	Please specify other information looking for.			
MAC1888	B1	What best describes your organization type ?	MAC1888A01	Behavioral health treatment facility	
				Criminal justice/courts	
				Government office	
				Health insurer	
				Human resources/employee assistance program	
				Individual or group private practice	
				Managed care/insurance company office	
				Military/veterans group	
				Nonprofit/community-based organization/coalition	
			MAC1888A02	Non-residential/out-patient facility	
			MAC1888A03		
			MAC1888A04	Other health care facility (e.g., primary care)	
			MAC1888A05	Public place/Interacting in community	

			MAC1888A06	Residential/in-patient facility	
			MAC1888A08	School/university	
			MAC1888A10	Other	A
	A	Please specify your organization.			
MAC1889	B2	For whom are you primarily looking for information and resources?	MAC1889A01	Professional education for self/colleagues	
			MAC1889A02	Use with patients/clients	
			MAC1889A03	Use within classroom/youth setting	
			MAC1889A04	Public awareness campaign/event	
			MAC1889A05	Other	
MAC1890	B3	Which of the following best describes the age of your patients, clients, or students?	MAC1890A01	12 and under	
			MAC1890A02	13 to 17	
			MAC1890A03	18 to 24	
			MAC1890A04	25 to 34	
			MAC1890A05	35 to 44	
			MAC1890A06	45 to 54	
			MAC1890A07	55 to 64	
			MAC1890A08	65 and older	
MAC1891	B4	Were you primarily looking for information on any of the following topics?	MAC1891A01	Affordable Care Act (e.g., health reform, parity)	B5
			MAC1891A02	Treatment and recovery	B6
			MAC1891A03	Substance abuse prevention	B7
			MAC1891A04	Preventing mental illness/promoting mental wellness	B8
			MAC1891A05	Trauma	B9
			MAC1891A06	Other, please specify	B10
MAC1892	B5	Please specify the topic of interest for Affordable Care Act. (Check all that apply)	MAC1892A01	Reimbursement for behavioral health services	
			MAC1892A02	Enrolling patients/clients in health insurance exchanges or Medicaid/Medicare	
			MAC1892A03	Other	
MAC1893	B6	Please specify the topic of interest for treatment and recovery. (Check all that apply)	MAC1893A01	Patient/client educational materials	
			MAC1893A02	Evidence based practices	
			MAC1893A03	Information for working with specific populations	
			MAC1893A04	Information about specific substances of abuse	
			MAC1893A05	Information about specific mental illnesses	
MAC1894	B7	Please specify the topic of interest for substance abuse prevention. (Check all that apply)	MAC1894A01	Alcohol	
				Marijuana	
			MAC1894A03	Prescription drugs	
			MAC1894A04	Tobacco	

			MAC1894A02	Other substances (e.g., cocaine, heroin)	
			MAC1894A05	Parenting/family resources	
MAC1895	B8	Please specify the topic of interest for preventing mental illness and promoting mental wellness. (Check all that apply)	MAC1895A01	Anger management	
			MAC1895A02	Bullying prevention	
			MAC1895A03	Eating disorders	
			MAC1895A04	Mood disorders	
			MAC1895A05	PTSD	
			MAC1895A06	Schizophrenia	
			MAC1895A07	Stress management	
			MAC1895A08	Suicide prevention	
			MAC1895A09	Parenting/family resources	
MAC1896	B9	Please specify the topic of interest for trauma. (Check all that apply)	MAC1896A01	Grief	
			MAC1896A02	Physical or sexual abuse	
			MAC1896A03	Natural disaster	
			MAC1896A04	Mass violence	
			MAC1896A05	Post-military deployment	
MAC1897	B10	Please specify other information looking for.			
MAC1898		Did you find what you were looking for?	MAC1898A01	Yes	
			MAC1898A02	No	
			MAC1898A03	Partially	
			MAC1898A04	Still looking	
MAC1899		How satisfied were you with the content available ?	MAC1899A01	Very satisfied	
			MAC1899A02	Somewhat satisfied	
			MAC1899A03	No opinion	
			MAC1899A04	Somewhat dissatisfied	A
			MAC1899A05	Very dissatisfied	A
MAC1900	A	Please tell us how our products and resources could be improved .			
MAC1901		What services could this agency provide to better serve you?			
MAC1902		Please specify the types of electronic devices you use. (Check all that apply)	MAC1902A01	Desktop or laptop computer	
			MAC1902A02	Tablet or e-reader (e.g., iPad, Kindle, Nook)	
			MAC1902A03	Smartphone (e.g., iPhone or similar devices with web access)	
			MAC1902A04	Cell phone	
The following demographics questions are entirely optional and will be used for statistics.					
MAC1903		What is your gender ?	MAC1903A01	Female	
			MAC1903A02	Male	
			MAC1903A03	Prefer not to respond	
MAC1904		Please select the	MAC1904A01	17 and under	

		category that includes your age .	MAC1904A02	18 - 24
			MAC1904A03	25 - 34
			MAC1904A04	35 - 44
			MAC1904A05	45 - 54
			MAC1904A06	55 - 64
			MAC1904A07	65 and over
			MAC1904A08	Prefer not to respond
MAC1905		Which of the following best describes the highest level of education you have completed?	MAC1905A01	Current middle or high school student
			MAC1905A02	Did not complete high school
			MAC1905A03	High school graduate
			MAC1905A04	Some college/vocational school
			MAC1905A05	College graduate
			MAC1905A06	Some postgraduate school
			MAC1905A07	Graduate/professional degree
			MAC1905A08	MD/PhD
			MAC1905A09	Prefer not to respond
MAC1906		What state do you live in?	MAC1906A01	Alabama
			MAC1906A02	Alaska
			MAC1906A03	Arizona
			MAC1906A04	Arkansas
			MAC1906A05	California
			MAC1906A06	Colorado
			MAC1906A07	Connecticut
			MAC1906A08	Delaware
			MAC1906A09	Florida
			MAC1906A10	Georgia
			MAC1906A11	Hawaii
			MAC1906A12	Idaho
			MAC1906A13	Illinois
			MAC1906A14	Indiana
			MAC1906A15	Iowa
			MAC1906A16	Kansas
			MAC1906A17	Kentucky
			MAC1906A18	Louisiana
			MAC1906A19	Maine
			MAC1906A20	Maryland
			MAC1906A21	Massachusetts
			MAC1906A22	Michigan
			MAC1906A23	Minnesota
			MAC1906A24	Mississippi
			MAC1906A25	Missouri
			MAC1906A26	Montana
			MAC1906A27	Nebraska
			MAC1906A28	Nevada
			MAC1906A29	New Hampshire
			MAC1906A30	New Jersey
			MAC1906A31	New Mexico
			MAC1906A32	New York
			MAC1906A33	North Carolina
			MAC1906A34	North Dakota

			MAC1906A35	Ohio	
			MAC1906A36	Oklahoma	
			MAC1906A37	Oregon	
			MAC1906A38	Pennsylvania	
			MAC1906A39	Rhode Island	
			MAC1906A40	South Carolina	
			MAC1906A41	South Dakota	
			MAC1906A42	Tennessee	
			MAC1906A43	Texas	
			MAC1906A44	Utah	
			MAC1906A45	Vermont	
			MAC1906A46	Virginia	
			MAC1906A47	Washington	
			MAC1906A48	Washington D.C.	
			MAC1906A49	West Virginia	
			MAC1906A50	Wisconsin	
			MAC1906A51	Wyoming	
			MAC1906A52	Prefer not to respond	
MAC1907		Are you living in a:	MAC1907A01	Urban area	
			MAC1907A02	Rural area	
			MAC1907A03	Don't know	
MAC1908		How do you describe your ethnicity ?	MAC1908A01	Hispanic	
			MAC1908A02	Non-Hispanic	
			MAC1908A03	Prefer not to respond	
MAC1909		How do you describe your race ?	MAC1909A01	American Indian or Alaska Native	
			MAC1909A02	Asian or Pacific Islander	
			MAC1909A03	African American or Black	
			MAC1909A04	White	
			MAC1909A05	Other	
			MAC1909A06	Prefer not to respond	

LIST

Type (select from list)	Single or Multi	Required Y/N	Special Instructions	CQ Label
Drop down, select one	S	Y		Frequency of visits
Drop down, select one	S	Y	Skip Logic Group	Primary interest
Radio button, one-up vertical	S	Y	Skip Logic Group	Personal info for
Radio button, one-up vertical	S	Y	Skip Logic Group	Personal age
Radio button, one-up vertical	S	Y	Skip Logic Group	Personal info topic
Checkbox, one-up vertical	M	Y	Skip Logic Group	Personal treatment

Checkbox, one-up vertical	M	Y	Skip Logic Group	Personal SA prevention
Checkbox, one-up vertical	M	Y	Skip Logic Group	Personal MH illness
Checkbox, one-up vertical	M	Y	Skip Logic Group	Personal trauma
Text area, no char limit		N	Skip Logic Group	Personal other info
Radio button, one-up vertical	S	Y	Skip Logic Group	Organization type

Text area, no char limit		N	Skip Logic Group	Organization type Other
Radio button, one-up vertical	S	Y	Skip Logic Group	Professional info for
Radio button, one-up vertical	S	Y	Skip Logic Group	Professional age
Radio button, one-up vertical	S	Y	Skip Logic Group	Professional info topic
Checkbox, one-up vertical	M	Y	Skip Logic Group	Professional ACA
Checkbox, one-up vertical	M	Y	Skip Logic Group	Professional treatment
Checkbox, one-up vertical	M	Y	Skip Logic Group	Professional SA prevention

Checkbox, one-up vertical	M	Y	Skip Logic Group	Professional MH illness
Checkbox, one-up vertical	M	Y	Skip Logic Group	Professional trauma
Text area, no char limit		N	Skip Logic Group	Professional other info
Drop down, select one	S	Y		Find info
Drop down, select one	S	Y	Skip Logic Group	Content satisfaction
Text area, no char limit		N	Skip Logic Group	Improve products
Text area, no char limit		N		Other services wanted
Checkbox, one-up vertical	M	Y		Device type

cal purpose only.

Drop down, select one	S	N		Gender
Drop down, select one	S	N		Age

Drop down, select one	S	N		Education
Drop down, select one	S	N		State

Drop down, select one	S	N		Living area
Drop down, select one	S	N		Ethnicity
Drop down, select one	S	N		Race

Model Instance Name:

SAMHSA Store V2

MID: YItkJ4B5FR1E0Q5tk49Zow4C

Date: 12/15/2015

SAM

QID (Group ID)	Skip Logic Label	Question Text	Answer IDs (DOT ONLY)
MAC1878		How frequently do you visit the SAMHSA Store?	MAC1878A01 MAC1878A02 MAC1878A03 MAC1878A04 MAC1878A05
MAC1879		What is your primary interest in substance abuse and mental health topics?	MAC1879A01 MAC1879A02
MAC1880	A1	For whom are you looking up information and resources?	MAC1880A01 MAC1880A02 MAC1880A03
MAC1881	A2	What is the age of the person for whom you are seeking resources?	MAC1881A01 MAC1881A02 MAC1881A03 MAC1881A04 MAC1881A05 MAC1881A06 MAC1881A07 MAC1881A08
MAC1882	A3	Are you primarily looking for information on any of the following topics?	MAC1882A01 MAC1882A02 MAC1882A03 MAC1882A04 MAC1882A05
MAC1883	A4	Please specify the topic of interest for treatment and recovery. (Check all that apply)	MAC1883A01 MAC1883A02 MAC1883A03 MAC1883A04 MAC1883A05 MAC1883A06
MAC1884	A5	Please specify the topic of interest for substance abuse prevention. (Check all that apply)	MAC1884A01 MAC1884A03 MAC1884A04 MAC1884A02
MAC1885	A6	Please specify the topic of interest for preventing mental illness and promoting mental wellness. (Check all that apply)	MAC1885A01 MAC1885A02 MAC1885A03 MAC1885A04 MAC1885A05 MAC1885A06 MAC1885A07 MAC1885A08
MAC1886	A7	Please specify the topic of interest for trauma recovery. (Check all	MAC1886A01

Model Instance Name:

SAMHSA Store V2

MID: YItkJ4B5FR1E0Q5tk49Zow4C

Date: 12/15/2015

SAM

QID (Group ID)	Skip Logic Label	Question Text	Answer IDs (DOT ONLY)
		that apply)	MAC1886A02 MAC1886A03 MAC1886A04 MAC1886A05
MAC1887	A8	Please specify other information looking for.	
MAC1888	B1	What best describes your organization type ?	MAC1888A01 MAC1888A02 MAC1888A03 MAC1888A04 MAC1888A05 MAC1888A06 MAC1888A07 MAC1888A08 MAC1888A09 MAC1888A10
MAC1889	B2	For whom are you primarily looking for information and resources?	MAC1889A01 MAC1889A02 MAC1889A03 MAC1889A04 MAC1889A05
MAC1890	B3	Which of the following best describes the age of your patients, clients, or students?	MAC1890A01 MAC1890A02 MAC1890A03 MAC1890A04 MAC1890A05 MAC1890A06 MAC1890A07 MAC1890A08
MAC1891	B4	Were you primarily looking for information on any of the following topics?	MAC1891A01 MAC1891A02 MAC1891A03 MAC1891A04 MAC1891A05 MAC1891A06
MAC1892	B5	Please specify the topic of interest for Affordable Care Act. (Check all that apply)	MAC1892A01 MAC1892A02 MAC1892A03
MAC1893	B6	Please specify the topic of interest for treatment and recovery. (Check all that apply)	MAC1893A01 MAC1893A02 MAC1893A03 MAC1893A04 MAC1893A05
MAC1894	B7	Please specify the topic of interest for substance abuse prevention.	MAC1894A01

Model Instance Name:

SAMHSA Store V2

MID: YtkJ4B5FR1E0Q5tk49Zow4C

Date: 12/15/2015

SAM

QID (Group ID)	Skip Logic Label	Question Text	Answer IDs (DOT ONLY)
		(Check all that apply)	MAC1894A03 MAC1894A04 MAC1894A02 MAC1894A05
MAC1895	B8	Please specify the topic of interest for preventing mental illness and promoting mental wellness. (Check all that apply)	MAC1895A01 MAC1895A02 MAC1895A03 MAC1895A04 MAC1895A05 MAC1895A06 MAC1895A07 MAC1895A08 MAC1895A09
MAC1896	B9	Please specify the topic of interest for trauma. (Check all that apply)	MAC1896A01 MAC1896A02 MAC1896A03 MAC1896A04 MAC1896A05
MAC1897	B10	Please specify other information looking for.	
MAC1898		Did you find what you were looking for?	MAC1898A01 MAC1898A02 MAC1898A03 MAC1898A04
MAC1899		How satisfied were you with the content available ?	MAC1899A01 MAC1899A02 MAC1899A03 MAC1899A04 MAC1899A05
MAC1900	A	Please tell us how our products and resources could be improved .	
MAC1901		What services could this agency provide to better serve you?	
MAC1902		Please specify the types of electronic devices you use. (Check all that apply)	MAC1902A01 MAC1902A02 MAC1902A03 MAC1902A04
The following demographics questions are entirely optional and will be used for statistical purpose only.			
MAC1903		What is your gender ?	MAC1903A01 MAC1903A02 MAC1903A03
MAC1904		Please select the category that includes your age .	MAC1904A01 MAC1904A02 MAC1904A03

Model Instance Name:

SAMHSA Store V2

MID: YtkJ4B5FR1E0Q5tk49Zow4C

Date: 12/15/2015

SAM

QID (Group ID)	Skip Logic Label	Question Text	Answer IDs (DOT ONLY)
			MAC1904A04 MAC1904A05 MAC1904A06 MAC1904A07 MAC1904A08
MAC1905		Which of the following best describes the highest level of education you have completed?	MAC1905A01 MAC1905A02 MAC1905A03 MAC1905A04 MAC1905A05 MAC1905A06 MAC1905A07 MAC1905A08 MAC1905A09
MAC1906		What state do you live in?	MAC1906A01 MAC1906A02 MAC1906A03 MAC1906A04 MAC1906A05 MAC1906A06 MAC1906A07 MAC1906A08 MAC1906A09 MAC1906A10 MAC1906A11 MAC1906A12 MAC1906A13 MAC1906A14 MAC1906A15 MAC1906A16 MAC1906A17 MAC1906A18 MAC1906A19 MAC1906A20 MAC1906A21 MAC1906A22 MAC1906A23 MAC1906A24 MAC1906A25 MAC1906A26 MAC1906A27 MAC1906A28 MAC1906A29

Model Instance Name:

SAMHSA Store V2

MID: YItkJ4B5FR1E0Q5tk49Zow4C

Date: 12/15/2015

SAM

QID (Group ID)	Skip Logic Label	Question Text	Answer IDs (DOT ONLY)
			MAC1906A30 MAC1906A31 MAC1906A32 MAC1906A33 MAC1906A34 MAC1906A35 MAC1906A36 MAC1906A37 MAC1906A38 MAC1906A39 MAC1906A40 MAC1906A41 MAC1906A42 MAC1906A43 MAC1906A44 MAC1906A45 MAC1906A46 MAC1906A47 MAC1906A48 MAC1906A49 MAC1906A50 MAC1906A51 MAC1906A52
MAC1907		Are you living in a:	MAC1907A01 MAC1907A02 MAC1907A03
MAC1908		How do you describe your ethnicity ?	MAC1908A01 MAC1908A02 MAC1908A03
MAC1909		How do you describe your race ?	MAC1909A01 MAC1909A02 MAC1909A03 MAC1909A04 MAC1909A05 MAC1909A06

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underlined & italicized: RE-ORDER

pink: ADDITION

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HSA Store V2 CUSTOM QUESTION LIST						
Answer Choices (limited to 50 characters)	Skip to	Type (select from list)	Single or Multi	Required Y/N	Special Instructions	CQ Label
First time		Drop down, select one	S	Y		Frequency of visits
Daily						
Weekly						
Monthly						
Every few months or less often						
Personal	A1-A3	Drop down, select one	S	Y	Skip Logic Group	Primary interest
Professional	B1-B4					
Yourself		Radio button, one-up vertical	S	Y		Personal info for
Family member						
Friend						
12 and under		Radio button, one-up vertical	S	Y		Personal age
13 to 17						
18 to 24						
25 to 34						
35 to 44						
45 to 54						
55 to 64						
65 and older						
Treatment and recovery	A4 A5 A6 A7 A8	Radio button, one-up vertical	S	Y		Personal info topic
Preventing substance abuse problems						
Preventing mental illness/promoting mental wellness						
Helping someone cope with and recover from a traumatic event						
Other, please specify						
Options for paying for treatment		Checkbox, one-up vertical	M	Y		Personal treatment
Understanding different types of treatment						
Identifying a treatment professional or facility						
Recovery support services (e.g., support groups)						
Information about specific substances of abuse						
Information about specific mental illnesses						
Alcohol		Checkbox, one-up vertical	M	Y		Personal SA prevention
Marijuana						
Prescription drugs						
Tobacco						
<u>Other substances (e.g., cocaine, heroin)</u>						
Anger management		Checkbox, one-up vertical	M	Y		Personal MH illness
Anxiety or depression						
Bullying prevention						
Eating disorders						
PTSD						
Schizophrenia						
Stress management						
Suicide prevention						
Death of a loved one		Checkbox, one-up vertical	M	Y		Personal trauma

red & strike-through: DELETE

underlined & italicized: RE-ORDER

pink: ADDITION

blue + -->: REWORDING

HSA Store V2 CUSTOM QUESTION LIST						
Answer Choices (limited to 50 characters)	Skip to	Type (select from list)	Single or Multi	Required Y/N	Special Instructions	CQ Label
Physical or sexual abuse						
Natural disaster						
Mass violence						
Post-military deployment						
		Text area, no char limit		N		Personal other info
Behavioral health treatment facility		Radio button, one-up vertical	S	Y		Organization type
Other health care facility (e.g., primary care)						
Government office						
Nonprofit/community-based organization/coalition						
School/university						
Military/veterans group						
Criminal justice/courts						
Health insurer						
Human resources/employee assistance program						
Other						
Professional education for self/colleagues		Radio button, one-up vertical	S	Y		Professional info for
Use with patients/clients						
Use within classroom/youth setting						
Public awareness campaign/event						
Other						
12 and under		Radio button, one-up vertical	S	Y		Professional age
13 to 17						
18 to 24						
25 to 34						
35 to 44						
45 to 54						
55 to 64						
65 and older						
Affordable Care Act (e.g., health reform, parity)	B5	Radio button, one-up vertical	S	Y		Professional info topic
Treatment and recovery	B6					
Substance abuse prevention	B7					
Preventing mental illness/promoting mental wellness	B8					
Trauma	B9					
Other, please specify	B10					
Reimbursement for behavioral health services		Checkbox, one-up vertical	M	Y		Professional ACA
Enrolling patients/clients in health insurance exchanges or Medicaid/Medicare						
Other						
Patient/client educational materials		Checkbox, one-up vertical	M	Y		Professional treatment
Evidence based practices						
Information for working with specific populations						
Information about specific substances of abuse						
Information about specific mental illnesses						
Alcohol		Checkbox, one-up vertical	M	Y		Professional SA prevention

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HSA Store V2 CUSTOM QUESTION LIST						
Answer Choices (limited to 50 characters)	Skip to	Type (select from list)	Single or Multi	Required Y/N	Special Instructions	CQ Label
Marijuana						
Prescription drugs						
Tobacco						
<u>Other substances (e.g., cocaine, heroin)</u>						
Parenting/family resources						
Anger management		Checkbox, one-up vertical	M	Y		Professional MH illness
Bullying prevention						
Eating disorders						
Mood disorders						
PTSD						
Schizophrenia						
Stress management						
Suicide prevention						
Parenting/family resources						
Grief		Checkbox, one-up vertical	M	Y		Professional trauma
Physical or sexual abuse						
Natural disaster						
Mass violence						
Post-military deployment						
		Text area, no char limit		N		Professional other info
Yes		Drop down, select one	S	Y		Find info
No						
Partially						
Still looking						
Very satisfied		Drop down, select one	S	Y	Skip Logic Group	Content satisfaction
Somewhat satisfied						
No opinion						
Somewhat dissatisfied	A					
Very dissatisfied	A					
		Text area, no char limit		N		Improve products
		Text area, no char limit		N		Other services wanted
Desktop or laptop computer		Checkbox, one-up vertical	M	Y		Device type
Tablet or e-reader (e.g., iPad, Kindle, Nook)						
Smartphone (e.g., iPhone or similar devices with web access)						
Cell phone						
Female		Drop down, select one	S	N		Gender
Male						
Prefer not to respond						
17 and under		Drop down, select one	S	N		Age
18 - 24						
25 - 34						

red & strike-through: DELETE

underlined & italicized: RE-ORDER

pink: ADDITION

blue + -->: REWORDING

HSA Store V2 CUSTOM QUESTION LIST

Answer Choices (limited to 50 characters)	Skip to	Type (select from list)	Single or Multi	Required Y/N	Special Instructions	CQ Label
35 - 44						
45 - 54						
55 - 64						
65 and over						
Prefer not to respond						
Current middle or high school student		Drop down, select one	S	N		Education
Did not complete high school						
High school graduate						
Some college/vocational school						
College graduate						
Some postgraduate school						
Graduate/professional degree						
MD/PhD						
Prefer not to respond						
Alabama		Drop down, select one	S	N		State
Alaska						
Arizona						
Arkansas						
California						
Colorado						
Connecticut						
Delaware						
Florida						
Georgia						
Hawaii						
Idaho						
Illinois						
Indiana						
Iowa						
Kansas						
Kentucky						
Louisiana						
Maine						
Maryland						
Massachusetts						
Michigan						
Minnesota						
Mississippi						
Missouri						
Montana						
Nebraska						
Nevada						
New Hampshire						

red & strike-through: DELETE

underlined & italicized: RE-ORDER

pink: ADDITION

blue + -->: REWORDING

HSA Store V2 CUSTOM QUESTION LIST

Answer Choices (limited to 50 characters)	Skip to	Type (select from list)	Single or Multi	Required Y/N	Special Instructions	CQ Label
New Jersey						
New Mexico						
New York						
North Carolina						
North Dakota						
Ohio						
Oklahoma						
Oregon						
Pennsylvania						
Rhode Island						
South Carolina						
South Dakota						
Tennessee						
Texas						
Utah						
Vermont						
Virginia						
Washington						
Washington D.C.						
West Virginia						
Wisconsin						
Wyoming						
Prefer not to respond						
Urban area		Drop down, select one	S	N		Living area
Rural area						
Don't know						
Hispanic		Drop down, select one	S	N		Ethnicity
Non-Hispanic						
Prefer not to respond						
American Indian or Alaska Native		Drop down, select one	S	N		Race
Asian or Pacific Islander						
African American or Black						
White						
Other						
Prefer not to respond						

Model Instance Name:

SAMHSA Store V2

MID: YItkJ4B5FR1E0Q5tk49Zow4C

Date: 7/11/2013

SAMHSA S

QID (Group ID)	Skip Logic Label	Question Text	Answer IDs (DOT ONLY)
MAC1878		How frequently do you visit the SAMHSA Store?	MAC1878A01 MAC1878A02 MAC1878A03 MAC1878A04 MAC1878A05
MAC1879		What is your primary interest in substance abuse and mental health topics?	MAC1879A01 MAC1879A02
MAC1880	A1	For whom are you looking up information and resources?	MAC1880A01 MAC1880A02 MAC1880A03
MAC1881	A2	What is the age of the person for whom you are seeking resources?	MAC1881A01 MAC1881A02 MAC1881A03 MAC1881A04 MAC1881A05 MAC1881A06 MAC1881A07 MAC1881A08
MAC1882	A3	Are you primarily looking for information on any of the following topics?	MAC1882A01 MAC1882A02 MAC1882A03 MAC1882A04 MAC1882A05
MAC1883	A4	Please specify the topic of interest for treatment and recovery. (Check all that apply)	MAC1883A01 MAC1883A02 MAC1883A03 MAC1883A04 MAC1883A05 MAC1883A06
MAC1884	A5	Please specify the topic of interest for substance abuse prevention. (Check all that apply)	MAC1884A01 MAC1884A02 MAC1884A03 MAC1884A04
MAC1885	A6	Please specify the topic of interest for preventing mental illness and promoting mental wellness. (Check all that apply)	MAC1885A01 MAC1885A02

			MAC1885A03 MAC1885A04 MAC1885A05 MAC1885A06 MAC1885A07 MAC1885A08
MAC1886	A7	Please specify the topic of interest for trauma recovery. (Check all that apply)	MAC1886A01 MAC1886A02 MAC1886A03 MAC1886A04 MAC1886A05
MAC1887	A8	Please specify other information looking for.	
MAC1888	B1	What best describes your organization type ?	MAC1888A01 MAC1888A02 MAC1888A03 MAC1888A04 MAC1888A05 MAC1888A06 MAC1888A07 MAC1888A08 MAC1888A09 MAC1888A10
MAC1889	B2	For whom are you primarily looking for information and resources?	MAC1889A01 MAC1889A02 MAC1889A03 MAC1889A04 MAC1889A05
MAC1890	B3	Which of the following best describes the age of your patients, clients, or students?	MAC1890A01 MAC1890A02 MAC1890A03 MAC1890A04 MAC1890A05 MAC1890A06 MAC1890A07 MAC1890A08
MAC1891	B4	Were you primarily looking for information on any of the following topics?	MAC1891A01 MAC1891A02 MAC1891A03 MAC1891A04 MAC1891A05 MAC1891A06
MAC1892	B5	Please specify the topic of interest for Affordable Care Act. (Check all that apply)	MAC1892A01 MAC1892A02 MAC1892A03
MAC1893	B6	Please specify the topic of interest for treatment and recovery. (Check all that apply)	MAC1893A01

			MAC1893A02 MAC1893A03 MAC1893A04 MAC1893A05
MAC1894	B7	Please specify the topic of interest for substance abuse prevention. (Check all that apply)	MAC1894A01 MAC1894A02 MAC1894A03 MAC1894A04 MAC1894A05
MAC1895	B8	Please specify the topic of interest for preventing mental illness and promoting mental wellness. (Check all that apply)	MAC1895A01 MAC1895A02 MAC1895A03 MAC1895A04 MAC1895A05 MAC1895A06 MAC1895A07 MAC1895A08 MAC1895A09
MAC1896	B9	Please specify the topic of interest for trauma. (Check all that apply)	MAC1896A01 MAC1896A02 MAC1896A03 MAC1896A04 MAC1896A05
MAC1897	B10	Please specify other information looking for.	
MAC1898		Did you find what you were looking for?	MAC1898A01 MAC1898A02 MAC1898A03 MAC1898A04
MAC1899		How satisfied were you with the content available ?	MAC1899A01 MAC1899A02 MAC1899A03 MAC1899A04 MAC1899A05
MAC1900	A	Please tell us how our products and resources could be improved .	
MAC1901		What services could this agency provide to better serve you?	
MAC1902		Please specify the types of electronic devices you use. (Check all that apply)	MAC1902A01 MAC1902A02 MAC1902A03 MAC1902A04
The following demographics questions are entirely optional and will be			
MAC1903		What is your gender ?	MAC1903A01 MAC1903A02 MAC1903A03

MAC1904	Please select the category that includes your age .	MAC1904A01 MAC1904A02 MAC1904A03 MAC1904A04 MAC1904A05 MAC1904A06 MAC1904A07 MAC1904A08
MAC1905	Which of the following best describes the highest level of education you have completed?	MAC1905A01 MAC1905A02 MAC1905A03 MAC1905A04 MAC1905A05 MAC1905A06 MAC1905A07 MAC1905A08 MAC1905A09
MAC1906	What state do you live in?	MAC1906A01 MAC1906A02 MAC1906A03 MAC1906A04 MAC1906A05 MAC1906A06 MAC1906A07 MAC1906A08 MAC1906A09 MAC1906A10 MAC1906A11 MAC1906A12 MAC1906A13 MAC1906A14 MAC1906A15 MAC1906A16 MAC1906A17 MAC1906A18 MAC1906A19 MAC1906A20 MAC1906A21 MAC1906A22 MAC1906A23 MAC1906A24 MAC1906A25 MAC1906A26 MAC1906A27 MAC1906A28 MAC1906A29 MAC1906A30 MAC1906A31 MAC1906A32 MAC1906A33 MAC1906A34 MAC1906A35 MAC1906A36

			MAC1906A37 MAC1906A38 MAC1906A39 MAC1906A40 MAC1906A41 MAC1906A42 MAC1906A43 MAC1906A44 MAC1906A45 MAC1906A46 MAC1906A47 MAC1906A48 MAC1906A49 MAC1906A50 MAC1906A51 MAC1906A52
MAC1907		Are you living in a:	MAC1907A01 MAC1907A02 MAC1907A03
MAC1908		How do you describe your ethnicity ?	MAC1908A01 MAC1908A02 MAC1908A03
MAC1909		How do you describe your race ?	MAC1909A01 MAC1909A02 MAC1909A03 MAC1909A04 MAC1909A05 MAC1909A06

red & strike-through: DELETE
 underlined & italicized: RE-ORDER
 pink: ADDITION
 blue + -->: REWORDING

store V2 CUSTOM QUESTION LIST

Answer Choices (limited to 50 characters)	Skip to	Type (select from list)	Single or Multi	Required Y/N
First time		Drop down, select one	S	Y
Daily				
Weekly				
Monthly				
Every few months or less often				
Personal	A1-A3	Drop down, select one	S	Y
Professional	B1-B4			
Yourself		Radio button, one-up vertical	S	Y
Family member				
Friend				
12 and under		Radio button, one-up vertical	S	Y
13 to 17				
18 to 24				
25 to 34				
35 to 44				
45 to 54				
55 to 64				
65 and older				
Treatment and recovery	A4	Radio button, one-up vertical	S	Y
Preventing substance abuse problems	A5			
Preventing mental illness/promoting mental wellness	A6			
Helping someone cope with and recover from a traumatic event	A7			
Other, please specify	A8			
Options for paying for treatment		Checkbox, one-up vertical	M	Y
Understanding different types of treatment				
Identifying a treatment professional or facility				
Recovery support services (e.g., support groups)				
Information about specific substances of abuse				
Information about specific mental illnesses				
Alcohol		Checkbox, one-up vertical	M	Y
Illegal substances (e.g., marijuana, cocaine)				
Prescription drugs				
Tobacco				
Anger management		Checkbox, one-up vertical	M	Y
Anxiety or depression				

Bullying prevention				
Eating disorders				
PTSD				
Schizophrenia				
Stress management				
Suicide prevention				
Death of a loved one		Checkbox, one-up vertical	M	Y
Physical or sexual abuse				
Natural disaster				
Mass violence				
Post-military deployment				
		Text area, no char limit		N
Behavioral health treatment facility		Radio button, one-up vertical	S	Y
Other health care facility (e.g., primary care)				
Government office				
Nonprofit/community-based organization/coalition				
School/university				
Military/veterans group				
Criminal justice/courts				
Health insurer				
Human resources/employee assistance program				
Other				
Professional education for self/colleagues		Radio button, one-up vertical	S	Y
Use with patients/clients				
Use within classroom/youth setting				
Public awareness campaign/event				
Other				
12 and under		Radio button, one-up vertical	S	Y
13 to 17				
18 to 24				
25 to 34				
35 to 44				
45 to 54				
55 to 64				
65 and older				
Affordable Care Act (e.g., health reform, parity)	B5	Radio button, one-up vertical	S	Y
Treatment and recovery	B6			
Substance abuse prevention	B7			
Preventing mental illness/promoting mental wellness	B8			
Trauma	B9			
Other, please specify	B10			
Reimbursement for behavioral health services		Checkbox, one-up vertical	M	Y
Enrolling patients/clients in health insurance exchanges or Medicaid/Medicare				
Other				
Patient/client educational materials		Checkbox, one-up vertical	M	Y

Evidence based practices				
Information for working with specific populations				
Information about specific substances of abuse				
Information about specific mental illnesses				
Alcohol		Checkbox, one-up vertical	M	Y
Illegal substances (e.g., marijuana, cocaine)				
Prescription drugs				
Tobacco				
Parenting/family resources				
Anger management		Checkbox, one-up vertical	M	Y
Bullying prevention				
Eating disorders				
Mood disorders				
PTSD				
Schizophrenia				
Stress management				
Suicide prevention				
Parenting/family resources				
Grief		Checkbox, one-up vertical	M	Y
Physical or sexual abuse				
Natural disaster				
Mass violence				
Post-military deployment				
		Text area, no char limit		N
Yes		Drop down, select one	S	Y
No				
Partially				
Still looking				
Very satisfied		Drop down, select one	S	Y
Somewhat satisfied				
No opinion				
Somewhat dissatisfied	A			
Very dissatisfied	A			
		Text area, no char limit		N
		Text area, no char limit		N
Desktop or laptop computer		Checkbox, one-up vertical	M	Y
Tablet or e-reader (e.g., iPad, Kindle, Nook)				
Smartphone (e.g., iPhone or similar devices with web access)				
Cell phone				

used for statistical purpose only.

Female		Drop down, select one	S	N
Male				
Prefer not to respond				

17 and under	Drop down, select one	S	N
18 - 24			
25 - 34			
35 - 44			
45 - 54			
55 - 64			
65 and over			
Prefer not to respond			
Current middle or high school student	Drop down, select one	S	N
Did not complete high school			
High school graduate			
Some college/vocational school			
College graduate			
Some postgraduate school			
Graduate/professional degree			
MD/PhD			
Prefer not to respond			
Alabama	Drop down, select one	S	N
Alaska			
Arizona			
Arkansas			
California			
Colorado			
Connecticut			
Delaware			
Florida			
Georgia			
Hawaii			
Idaho			
Illinois			
Indiana			
Iowa			
Kansas			
Kentucky			
Louisiana			
Maine			
Maryland			
Massachusetts			
Michigan			
Minnesota			
Mississippi			
Missouri			
Montana			
Nebraska			
Nevada			
New Hampshire			
New Jersey			
New Mexico			
New York			
North Carolina			
North Dakota			
Ohio			
Oklahoma			

Oregon				
Pennsylvania				
Rhode Island				
South Carolina				
South Dakota				
Tennessee				
Texas				
Utah				
Vermont				
Virginia				
Washington				
Washington D.C.				
West Virginia				
Wisconsin				
Wyoming				
Prefer not to respond				
Urban area		Drop down, select one	S	N
Rural area				
Don't know				
Hispanic		Drop down, select one	S	N
Non-Hispanic				
Prefer not to respond				
American Indian or Alaska Native		Drop down, select one	S	N
Asian or Pacific Islander				
African American or Black				
White				
Other				
Prefer not to respond				

Special Instructions	CQ Label
	Frequency of visits
Skip Logic Group	Primary interest
	Personal info for
	Personal age
	Personal info topic
	Personal treatment
	Personal SA prevention
	Personal MH illness

	Personal trauma
	Personal other info
	Organization type
	Professional info for
	Professional age
	Professional info topic
	Professional ACA
	Professional treatment

	Professional SA prevention
	Professional MH illness
	Professional trauma
	Professional other info
	Find info
Skip Logic Group	Content satisfaction
	Improve products
	Other services wanted
	Device type
	Gender

	Age
	Education
	State

	Living area
	Ethnicity
	Race