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.

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SAMHSA Store V2

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	Mode	el aues	tions utilize the ACSI method		
	ELEMENTS (drivers of satisfaction)				
	Navigation (1=Poor, 10=Excellent, Don't Know)				
1Navigation - Organized	Please rate how well the site is organized.	16 Sa	tisfaction - Overall		
2 Navigation - Options	Please rate the options available for navigating this site.	17 Sa	atisfaction - Expectations		
3Navigation - Layout	Please rate how well the site layout helps you find what you are looking for.	18Sa	ttisfaction - Ideal		
	Site Performance (1=Poor, 10=Excellent, Don't Know)				
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.				
	Site Information (1=Poor, 10=Excellent, Don't Know)				
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.				
	Look and Feel (1=Poor, 10=Excellent, Don't Know)				
0 Look and Feel - Appeal	Please rate the visual appeal of this site.				
1 Look and Feel - Balance	Please rate the balance of graphics and text on this site.				
2 Look and Feel - Readability	Please rate the readability of the pages on this site.				
	Information Browsing (1=Poor, 10=Excellent, Don't Know)				
3 Product Browsing - Sort	Please rate the ability to sort information by criteria that are important to you on this site.				
4Product Browsing - Narrow	Please rate the ability to narrow choices to find the information you are looking for on this site.				
5 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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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)	19Return	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?
		Primary Resource (1=Very Unlikely, 10=Very Likely)
	21 Primary Resource	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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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	AB
AKR5823		Is the primary focus for your visit today:	Substance Abuse Mental Health Other, please specify:	н
AKR5824	н	Other primary focus.		
AKR5825		What are you primarily looking for ?	Prevention Treatment Other, please specify:	с
AKR5826	С	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
AKR5828	D	Others seeking information or services for.	Oner, please specify.	
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:	к
AKR5833	к	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:	⁻¹ г.
			Not applicable	
AKR5835	L	Other alcohol or substance abuse topics.		
AKK3635				
AKR5836	A5	If looking for mental health information, what specific topics are you	Anger	
			Anxiety	
			Bullying	
			Depression	
			PTSD	
			Stress/Anxiety	
			Suicide	-
			Other, please specify:	м
			Not applicable	- 191
AKR5837	М	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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QID (Group ID)	Skip Logic Label	Question Text	Answer Choices (limited to 50 characters)	Skip to
			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:	Α
AKR5846	A	Other source		
EDO05887		What area(s) of the site did you visit today?	Issues, Conditions & Disorders	

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SAMHSA NMHIC CUSTOM QUESTION LIST Skip QID Logic **Answer Choices** (limited to 50 characters) (Group ID) Label **Ouestion Text** Skip to Contact Us En Espanol _ocation 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 Α 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: Α **AKR5850** Α 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 Α Partially Α Still looking Α If you could not find what you were looking for, what was it? AKR5853 Α AKR5856 Do you ever share information from this site with others using any of Blogs Α MySpace Facebook Twitter

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QID (Group ID)	Skip Logic Label	Question Text	Answer Choices (limited to 50 characters)	Skip to
			Email	
			Word-of-mouth	
			Other, please specify:	
AKR5857	А	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	Α	Other interaction	other, please specify.	
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

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SAMHSA NMHIC CUSTOM QUESTION LIST Skip QID Logic **Answer Choices** Sk<u>ip to</u> (Group ID) Label **Question Text** (limited to 50 characters) 6 7 8 C 10=Excellent AKR5873 What is your **gender**? Female Male 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 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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SAMHSA NMHIC CUSTOM QUESTION LIST Skip QID Logic **Answer Choices** Skip to (Group ID) Label **Question Text** (limited to 50 characters) 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	Ν		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

Single or Multi	Required Y/N	Special Instructions	CQ Label
	N		Other
			professional occupation
S	Y		Professional
	N		Other professional workplace
S	Y		Frequency of
S	Y		Source brought
			Other source
	S	MultiY/NMultiY/NNNSYSYSYSY	MultiY/NInstructionsMultiY/NInstructionsNNSYSYNNSYSY

Type (select from list)	Single or Multi	Required Y/N	Special Instructions	CQ Label
Checkbox, one-up vertical	М	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		Ν		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 info sharing
Drop down, select one	S	Y		Share buttor
Checkbox, one-up vertical	M	Y		Interaction wi
Text area, no char limit		N		Other site interaction
Text area, no char limit		N		Other service wanted
Text area, no char limit		N		Improvemen
Radio button, one-up vertical	S	Y		Encourage
Radio button, one-up vertical	S	Y		Collaboration a

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	Ν		Education
Drop down, select one	S	N		State

Type (select from list)	Single or Multi	Required Y/N	Special Instructions	CQ Label
Dues devue colort ene	S	N		Living aro
	5	IN		Living are
Drop down, select one				
Text field, <100 char Drop down, select one	S	N N		Zip code Ethnicity

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	М	Y		Internet usage
Text area, no char limit		N		Other internet usage
Drop down, select one	S	N		Internet

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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	Α
			Professional	В
AKR5823		Is the primary focus for your visit today:	Substance Abuse	
			Mental Health	
			Other, please specify:	н
AKR5824	н	Other primary focus.		
AKR5825		What are you primarily looking for?	Prevention	
			Treatment	
			Other, please specify:	С
AKR5826	С	Please specify what you are looking for.		
AKR5827	A1	I am seeking information and/or service(s) for:	Myself	
			A family member	1
			A friend or acquaintance	
			A co-worker or subordinate	
			My volunteer organization	
			Other, please specify:	D
AKR5828	D	Others seeking information or services for.		
AKR5829	I	If family member, who are you seeking information for?	Child	
			Parent	1
			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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SAMHSA NMHIC CUSTOM QUESTION LIST Skip QID Logic Answer Choices (Group ID) Label **Ouestion Text** (limited to 50 characters) Skip to Support programs Treatment Options Treatment Financing Other, please specify: κ AKR5833 κ Other interest. AKR5834 Alcohol A4 If looking for **alcohol or substance abuse** information, what **specific** Illegal substances (e.g., marijuana, meth, cocaine) Over the counter products Prescription drugs Tobacco/Smoking/Nicotine Other, please specify: L Not applicable AKR5835 L Other alcohol or substance abuse topics. AKR5836 If looking for **mental health** information, what **specific topics** are you A5 Anger Anxiety Bullying Depression PTSD Stress/Anxiety Suicide м Other, please specify: Not applicable AKR5837 м 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 Е Other, please specify: AKR5839 Е 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

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QID (Group ID)	Skip Logic Label	Question Text	Answer Choices (limited to 50 characters)	Skip to
			Criminal justice/legal professional Educator/school teacher	
			Librarian/information worker	_
			Media/public relations professional/worker	_
			Policy advocate/lobbyist	_
			Program or service provider/worker	_
			Researcher Gesiel Weder (ausses for	_
			Social Worker/counselor	_
			<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	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

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QID Group ID)	Skip Logic Label	Question Text	Answer Choices (limited to 50 characters)	Skip te
AKR5846	Α	Other source		
DO05887		What area(s) of the site did you visit today?	Issues, Conditions & Disorders	
			Contact Us	
			En Espanol	
			Location	
			<u>Most Popular</u>	
			<u>My account</u>	
			New Products	
			Professional & Research Topics	
			Register Now	
			Stay Connected	
			<u>Substance</u>	
			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	Α	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	Α	Other method		

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QID

AKR5859

AKR5860

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Date: 8/31/2010

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SAMHSA NMHIC CUSTOM QUESTION LIST Skip Logic Answer Choices (Group ID) Label **Ouestion Text** (limited to 50 characters) Skip to 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 А Partially Still looking AKR5853 If you could not find what you were looking for, what was it? Α How do you prefer to access SAMHSA's publications and other AKR5854 nline and place order to receive hard copies by mail e and view web page (ex. - HTML format) ne and print (ex. - download PDF version or printer-friendly format) a an email to request information or ask a que 4 AKR5855 A Id 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 Α Other, please specify: AKR5857 Α Other options. AKR5858 Do you **ever use** the site's "**Share this**" button to share information you Yes No Not sure

/iew and contribute often

No familiarity

√iew and contribute often

/iew often and contribute occasionally /iew often but don't contribute /iew and contribute occasionally /iew occasionally but don't contribute 'm familiar with, but don't own a page

/iew often and contribute occasionally /iew often but don't contribute /iew and contribute occasionally liew occasionally but don't contribute 'm familiar with, but don't own a page

How would you rate your familiarity with the following?

Model Instance Name:

SAMHSA NMHIC

MID: AIJRpZ1w1xJYE9MMtg8JdA==

Date: 8/31/2010

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QID (Group ID)	Skip Logic Label	Question Text	Answer Choices (limited to 50 characters)	Skip to
			No familiarity	
AKR5861		Flickr	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	Bookmark or tag pages	
			Adding a widget or gadget to my personalized page	1
			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	-

Model I	nstance	Name:
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MID: AlJRpZ1w1xJYE9MMtg8JdA==

Date: 8/31/2010

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

SAMHSA NMHIC CUSTOM QUESTION LIST Skip QID Logic **Answer Choices** (Group ID) Label **Question Text** (limited to 50 characters) Skip to Other, please specify: Α AKR5866 Α Other interaction AKR5867 Would you participate in a public forum on this website if offered? Yes A No Not sure 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 З 4 5 6 8 Q 10=Excellent Not sure AKR5872 Please rate how well this website **solicits public input on important** 1=Poor 2 3 4 5 6 8 Q 10=Excellent AKR5873 What is your gender? Female Male 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

prefer not to respond

Model Instance Na	me:	red & strike-through
SAMHSA NMHIC		underlined & italiciz
MID: AlJRpZ1w1xJ	YE9MMtg8JdA==	pink: ADDITION
Date: 8/31	L/2010	blue +>: REWOR

QID

(Group ID)

AKR5875

AKR5876

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

SAMHSA NMHIC CUSTOM QUESTION LIST Skip Logic Answer Choices Label **Ouestion Text** (limited to 50 characters) Skip to 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 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:
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MID: AlJRpZ1w1xJYE9MMtg8JdA==

Date: 8/31/2010

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

SAMHSA NMHIC CUSTOM QUESTION LIST Skip QID Logic **Answer Choices** (Group ID) Label **Ouestion Text** (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 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 prefer not to respond AKR5881 Less than 6 hours During an average week, about how many hours do you spend using 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: red & strike-through: DEL	ETE
SAMHSA NMHIC <u>underlined & italicized</u> : RE	-ORDER
MID: AIJRpZ1w1xJYE9MMtg8JdA== pink: ADDITION	
Date: 8/31/2010 blue +>: REWORDING	

		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:	А
AKR5883	A	Other Internet usage	Other, please specify.	
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		Ν		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		Ν		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
Podio button and un untited	S	Y		Source brought
Radio button, one-up vertical	5	Ŷ		Source brought to site

Type (select from list)	Single or Multi	Required Y/N	Special Instructions	CQ Label
				Other source
Checkbox, one-up vertical	Μ	Y		Area Visited
Checkbox, one-up vertical	Μ	Y		Reason
Text area, no char limit		N Y		Other reason
Radio button, one-up vertical	S	Y		Method
Text area, no char limit		Ν		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	¥		Preferred access
Text area, no char limit		N		Other preferred access
Radio button, one-up vertical	S	Y		Options to shar 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	\$	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	8	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 wit 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	¥		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)	Single or Multi	Required Y/N	Special Instructions	CQ Label
Drop down, select one	S	Ν		Education
Drop down, select one	S	N		State

Type (select from list)	Single or Multi	Required Y/N	Special	COllabel
Type (select from list)	Multi	¥/N	Instructions	CQ Label
Drop down, select one	S	N		Living area
				Ū
Text field, <100 char		N		Zip code
Drop down, select one	S	N		Ethnicity
Drop down, select one	S	N		Race
Dura da caracteria				
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		Ν		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 Skip QID Logic Answer IDs (Group ID) Label **Question Text** (DOT ONLY) MAC1878 How frequently do you visit the SAMHSA Store? MAC1878A01 MAC1878A02 MAC1878A03 MAC1878A04 MAC1878A05 What is your primary interest in substance abuse MAC1879 MAC1879A01 and mental health topics? MAC1879A02 MAC1880 A1 For whom are you looking up information and MAC1880A01 resources? MAC1880A02 MAC1880A03 MAC1881 A2 What is the **age** of the person for whom you are MAC1881A01 seeking resources? MAC1881A02 MAC1881A03 MAC1881A04 MAC1881A05 MAC1881A06 MAC1881A07 MAC1881A08 Are you primarily looking for information on any of MAC1882A01 MAC1882 A3 the following topics? MAC1882A02 MAC1882A03 MAC1882A04 MAC1882A05 MAC1883 A4 Please specify the **topic of interest** for treatment and MAC1883A02 recovery. (Check all that apply) MAC1883A05 MAC1883A06 MAC1884 Α5 Please specify the **topic of interest** for substance MAC1884A01 abuse prevention. (Check all that apply) MAC1884A03 MAC1884A04 MAC1884A02

MAC1885	A6	Please specify the topic of interest for preventing mental illness and promoting mental wellness. (Check	MAC1885A01
		all that apply)	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
1111 101000	51	vinat best decombes your organization type.	
			MAC1888A02
			MAC1888A05
			MAC1888A06
			MAC1888A08
			MAC1888A10
NEL0120898	А	Please specify your organization.	
MAC1889	B2	For whom are you primarily looking for information	MAC1889A01
		and resources?	
			MAC1889A02
			MAC1889A03
			MAC1889A04
			MAC1889A05
MAC1890	В3	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	MAC1891A02
		of the following topics?	MAC1891A03

			MAC1891A04
			MAC1891A05
			MAC1891A05
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	MAC1894A01
WAC1034	57	abuse prevention. (Check all that apply)	
		abuse prevention. (encor an that apply)	
			MAC1894A03
			MAC1894A03
			MAC1894A04 MAC1894A02
			MAC1894A05
MAC1895	B8	Please specify the topic of interest for preventing	MAC1895A01
		mental illness and promoting mental wellness. (Check	
		all that apply)	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
			MAC1896A04
MAC1897	B10	Please specify other information looking for.	MAC1090A05
MAC1897	BIU	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
			MAC1899A03
			MAC1899A04 MAC1899A05
MAC1900	Α	Please tell us how our products and resources	MACT099402
IMIACT200	A	could be improved.	
MAC1901		What services could this agency provide to better	
		serve you?	
MAC1902		Please specify the types of electronic devices you	MAC1902A01
		use. (Check all that apply)	MAC1902A02
-			

			MAC1902A03
			MAC1902A04
The following demo	araphics	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	MAC1905A01
		level of education you have completed?	MAC1905A02
			MAC1905A03
			MAC1905A04
			MAC1905A05
			MAC1905A06
			MAC1905A07
			MAC1905A08
			MAC1905A09
CUE0405850		Where do you live?	CUE0405850A 001
			CUE0405850A 002
			CUE0405850A 003
MAC1906	A	Please select your state.	MAC1906A01
			MAC1906A02
			MAC1906A03
			MAC1906A04
			MAC1906A05
			MAC1906A06
			MAC1906A07
			MAC1906A08
			MAC1906A09
			MAC1906A10
			MAC1906A11 MAC1906A12
			MAC1906A12 MAC1906A13
			MAC1906A13 MAC1906A14
			MAC1906A14 MAC1906A15
			MAC1906A16
			MAC1906A10 MAC1906A17
			MAC1906A18
			MAC1906A19
			MAC1906A20
			MAC1906A21

			MAC1906A22
			MAC1906A23
			MAC1906A24
			MAC1906A25
			MAC1906A26
			MAC1906A27
			MAC1906A28
			MAC1906A29
			MAC1906A30
			MAC1906A31
			MAC1906A32
			MAC1906A33
			MAC1906A34
			MAC1906A35
			MAC1900A33
			MAC1900A30 MAC1906A37
			MAC1906A38
			MAC1906A39
			MAC1906A40
			MAC1906A41
			MAC1906A42
			MAC1906A43
			MAC1906A44
			MAC1906A45
			MAC1906A46
			MAC1906A47
			MAC1906A48
			MAC1906A49
			MAC1906A50
			MAC1906A51
CUE0405851	В	Please select your place of residence.	CUE0405851A 001
			CUE0405851A 002
			CUE0405851A
			003
			CUE0405851A
			004
			CUE0405851A
			005
CUE0405852	С	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
			MAC1909A01 MAC1909A02
			MAC1909A02 MAC1909A03
			MAC1909A03 MAC1909A04
i	I		

MAC1909A05
MAC1909A06

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pink: ADDITION

blue + -->: REWORDING

e V2 CUSTOM QUESTION LIST

	1			
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	М	Y
Information about specific substances of abuse				
Information about specific mental illnesses				
Alcohol		Checkbox, one-up vertical	М	Y
Marijuana				
Prescription drugs				
Tobacco				
Other substances (e.g., cocaine, heroin)				

Anger management		Checkbox, one-up vertical	М	Y
Anxiety or depression	-			
Bullying prevention	_			
Eating disorders	_			
PTSD	-			
Schizophrenia	_			
Stress management				
Suicide prevention				
Death of a loved one		Checkbox, one-up vertical	М	Y
Physical or sexual abuse	-			
Natural disaster				
Mass violence				
Post-military deployment				
		Text area, no char limit		Ν
	_			
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	Taut avec use shew lively		NI
		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	В9			
Other, please specify	B10			
Patient/client educational materials	BIO	Checkbox, one-up vertical	M	Y
		Checkbox, one-up venical	IVI	Ť
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	М	Y
Marijuana				
Prescription drugs				
Tobacco				
Other substances (e.g., cocaine, heroin)				
Parenting/family resources				N N
Anger management		Checkbox, one-up vertical	М	Y
Bullying prevention				
Eating disorders				
Mood disorders				
PTSD				
Schizophrenia]			
Stress management				
Suicide prevention				
Parenting/family resources				
Grief		Checkbox, one-up vertical	М	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		Ν
		Text area,no char limit		N
Desktop or laptop computer		Checkbox, one-up vertical	М	Y
Tablet or e-reader (e.g., iPad, Kindle, Nook)	ļ	I		

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

istical purposes only.

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	_	Dron down, coloct one	6	NI
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	Α	Drop down, select one	S	N
		• •		
U.S. Territories or Possessions	В			
International (please specify)	С			
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				
ivial yiallu				
Massachusetts	-			

h Aindhinn an				
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	1			
Washington				
Washington D.C.				
West Virginia	-			
Wisconsin	-			
Wyoming	1			
Due ferrie at the income and	-			
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	1			
Hispanic		Drop down, select one	S	N
Non-Hispanic	1	•		
Prefer not to respond	1			
American Indian or Alaska Native		Drop down, select one	S	N
Asian or Pacific Islander		Brop down, select one	5	IN
African American or Black				
	-			
White] I			

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	Personal MH
Group	illness
Skip Logic Group	Personal trauma
Skip Logic Group	Personal other info
Skip Logic Group	Organization type
Skip Logic	Organization type
Group	Other
Skip Logic	Professional info
Group	for
Skip Logic Group	Professional age
Skip Logic	Professional info
Group	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	Professional other
Group	info
	Find info
Skip Logic Group	Content satisfaction
Skip Logic Group	Improve products
	Other services wanted
	Device type

	Gender
	A = -
	Age
	Education
	Location
Skip Logic Group	Location
	State
Skip Logic Group	
·	

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

Model Instance Name:

SAMHSA Store V2

MID: YItkJ4B5FR1E0Q5tk49Zow4C

Date: 5/18/16

SAMHSA Stor Skip QID Logic Answer IDs (Group ID) Label **Question Text** (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 MAC1879A01 and mental health topics? MAC1879A02 MAC1880 A1 For whom are you looking up information and MAC1880A01 resources? MAC1880A02 MAC1880A03 MAC1881 A2 What is the **age** of the person for whom you are MAC1881A01 seeking resources? MAC1881A02 MAC1881A03 MAC1881A04 MAC1881A05 MAC1881A06 MAC1881A07 MAC1881A08 Are you primarily looking for information on any of MAC1882A01 MAC1882 A3 the following topics? MAC1882A02 MAC1882A03 MAC1882A04 MAC1882A05 MAC1883 A4 Please specify the topic of interest for treatment and MAC1883A01 recovery. (Check all that apply) MAC1883A02 MAC1883A03 MAC1883A04 MAC1883A05 MAC1883A06 MAC1884 Α5 Please specify the **topic of interest** for substance MAC1884A01 abuse prevention. (Check all that apply)

			MAC1004A02
			MAC1884A03 MAC1884A04
			MAC1884A04
MAC1885	A6	Please specify the topic of interest for preventing	MAC1885A01
MAC1005	AU	mental illness and promoting mental wellness. (Check	
		all that apply)	MAC1885A02
			MAC1885A03
			MAC1885A04
			MAC1885A05
			MAC1885A06
			MAC1885A07
			MAC1885A08
MAC1886	A7	Please specify the topic of interest for trauma	MAC1886A01
		recovery. (Check all that apply)	
			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	А	Please specify your organization.	
MAC1889	B2	For whom are you primarily looking for information and resources?	MAC1889A01
			14001000400
			MAC1889A02
			MAC1889A03
			MAC1889A04
NA 01000	D 0	Minish of the following back departition that was f	MAC1889A05
MAC1890	B3		MAC1890A01
		patients, clients, or students?	MAC1000400
			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
		Care Act. (Check an that apply)	MAC1892A02
			MAC1892A03
MAC1893	B6	Please specify the topic of interest for treatment and	MAC1893A01
		recovery. (Check all that apply)	
			MAC1893A02
			MAC1893A03
			MAC1893A04
			MAC1893A04
MAC1894	B7	Please specify the topic of interest for substance	MAC1894A01
		abuse prevention. (Check all that apply)	
			MAC1894A03
			MAC1894A04
			MAC1894A02 MAC1894A05
MAC1895	B8	Please specify the topic of interest for preventing	MAC1895A01
1111 (01000	20	mental illness and promoting mental wellness. (Check	
		all that apply)	MAC1895A02
			MAC1895A03
			MAC1895A04
			MAC1895A05
			MAC1895A06
			MAC1895A07 MAC1895A08
			MAC1895A08 MAC1895A09
MAC1896	B9	Please specify the topic of interest for trauma.	MAC1895A09
		(Check all that apply)	
			MAC1896A02
			MAC1896A03
			MAC1896A04
1400007	Dea		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
			MAC1899A02 MAC1899A03

			MAC1899A04
MAC1000	^		MAC1899A05
MAC1900	Α	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	MAC1902A01
		use. (Check all that apply)	MAC1902A02
			MAC1902A03
			MAC1902A04
	graphics	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	MAC1905A01
		level of education you have completed?	MAC1905A02
			MAC1905A03
			MAC1905A04
			MAC1905A05
			MAC1905A05
			MAC1905A00
			MAC1905A08
			MAC1905A08
2011		Where do you live?	
new		Where do you live?	new
			new
			new
MAC1906	Α	Please select your state.	MAC1906A01
			MAC1906A02
			MAC1906A03
			MAC1906A04
			MAC1906A05
			MAC1906A06
			MAC1906A07
			MAC1906A08
			MAC1906A09
			MAC1906A10
			MAC1906A10 MAC1906A11
			MAC1906A11 MAC1906A12
			MAC1906A13
			MAC1906A14
			MAC1906A15

			MAC1906A16
			MAC1906A17
			MAC1906A18
			MAC1906A19
			MAC1906A20
			MAC1906A21
			MAC1906A22
			MAC1906A23
			MAC1906A24
			MAC1906A25
			MAC1906A26
			MAC1906A27
			MAC1906A28
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			MAC1906A37
			MAC1906A38
			MAC1906A39
			MAC1906A40
			MAC1906A41
			MAC1906A42
			MAC1906A43
			MAC1906A44
			MAC1906A45
			MAC1906A46
			MAC1906A47
			MAC1906A48
			MAC1906A49
			MAC1906A50
			MAC1906A51
			MAC1906A52
new	В	Please select your place of residence.	new
			new
new	С	Please specify your country.	new
MAC1907		Are you living in a:	MAC1907A01
			MAC1907A02
			MAC1907A03
MAC1908		How do you describe your ethnicity?	MAC1908A01
			MAC1908A02
			MAC1908A03
		How do you describe your race?	111/101000/100

	MAG	C1909A02
	MAG	C1909A03
	MAG	C1909A04
	MAG	C1909A05
	MAG	C1909A06

red & strike-through: DELETE 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	М	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	М	Y
Marijuana				
•				

Prescription drugs				
Tobacco	-			
Other substances (e.g., cocaine, heroin)	-			
Anger management	-	Checkbox, one-up vertical	М	Y
Angermanagement		Checkbox, one-up venical	IVI	I
Anxiety or depression	_			
Bullying prevention	_			
Eating disorders	_			
PTSD	_			
	_			
Schizophrenia	_			
Stress management	_			
Suicide prevention			N.4	N/
Death of a loved one		Checkbox, one-up vertical	М	Y
Physical or sexual abuse	-			
Natural disaster				
Mass violence				
Post-military deployment				
		Text area, no char limit		N
		Text area, no char innit		I 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		Ν
Professional education for self/colleagues		Radio button, one-up vertical	S	Y
Lipo with potionto/-lipito		-		
Use with patients/clients		-		
Use within classroom/youth setting	_			
Public awareness campaign/event	-			
Other		Dedie butten	0	X
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 Substance abuse prevention B7 B7 B8 B8 B10 B6 B7 B7 Preventing metal illness/promoting mental welness B8 B10 B8 B10 M Y Reimbursement for behavioral health insurance exchanges or Medicaid/Medicare M Y Patient/client educational materials Checkbox, one-up vertical M Y Evidence based practices information about specific substances of abuse information about specific mental illnesses Alcohol Checkbox, one-up vertical M Y Marijuana Prescription drugs Tobacco Checkbox, one-up vertical M Y Bulty mentality frequences Anger management M Y Bulty prevention Parenting/family resources M Y Stricte prevention Parenting/family resources M Y Physical or sexual abuse Natural disaster Text area, no char limit N Marigura Y Yes Shilloking Prop down, select one S Y <	Affordable Care Act (e.g., health reform, parity)	B5	Radio button, one-up vertical	S	Y
Substance abuse prevention B7 Preventing mental illness/promoting mental wellness B3 B8 B9 Other, please specify B10 Reimbursement for behavioral health services Checkbox, one-up vertical M Enrolling-patients/clients in health insurance exchanges or Medical/Medicare M Y Other Checkbox, one-up vertical M Y Evidence based practices M Y Y Information about specific populations Checkbox, one-up vertical M Y Information about specific substances of abuse information about specific mental illnesses Checkbox, one-up vertical M Y Alcohol Checkbox, one-up vertical M Y Parenting/Tamily resources Checkbox, one-up vertical M Y Algoring for drugs Tobacco M Y Y Bullying prevention Eating disorders M Y Y Stress management Suicide prevention Parenting/Tamily resources M Y Stress management Suicide prevention Parenting/Tamily resources M Y Nass v	Treatment and recovery	B6			
Preventing mental illness/promoting mental wellness B8 B9 B10 Cher, please specify M Reinbursement for behavioral health services Checkbox, one-up vertical M Envolling patients/kilents in health insurance exchanges or Medicaid/Medicare M Y Other Checkbox, one-up vertical M Y Patient/client educational materials Checkbox, one-up vertical M Y Evidence based practices M Y Information for working with specific populations M Y Information about specific mental illnesses Checkbox, one-up vertical M Y Alcohol Checkbox, one-up vertical M Y Prescription drugs Checkbox, one-up vertical M Y Prescription drugs Checkbox, one-up vertical M Y Prescription drugs Checkbox, one-up vertical M Y Parenting/family resources Anger management M Y Builying prevention Eating disorders M Y Mood disorders Priso M Y Prescription frame Checkbox, one-up vertical M Y Parenting/family resources M Y Y Reare					
Other, please specify B10 Image: Control of the contr	Preventing mental illness/promoting mental				
Reimbursement for behavioral health services Checkbox, one-up vertical M Y Enrolling patients/clients in health insurance exchanges or Medicaid/Medicare M Y Other Checkbox, one-up vertical M Y Exidence based practices information about specific populations M Y Information about specific substances of abuse Checkbox, one-up vertical M Y Prescription drugs Checkbox, one-up vertical M Y Tobacco Other M Y Parenting/Tamily resources Angr unanaprentific substances (e.g., cocaine, heroin) Parenting/Tamily resources M Y Angr management Checkbox, one-up vertical M Y Y Bullying prevention Eating disorders M Y Mood disorders Prescription M Y Schizophrenia Stress management M Y Suicide prevention Parenting/Tamily resources M Y Reference Checkbox, one-up vertical M Y Parenting/Tamily resources Grief Checkbox, one-up vertical M Y	Trauma	B9			
Enrolling patients/clients in health insurance exchanges or Medicaid/Medicare M Y Patient/Client educational materials M Y Evidence based practices M Y Information for working with specific populations M Y Information about specific substances of abuse M Y Information about specific substances of abuse M Y Alcohol Checkbox, one-up vertical M Y Marijuana Prescription drugs M Y Other substances (e.g., cocaine, heroin) Parenting/family resources M Y Anger management Bullying prevention M Y Bullying prevention Eating disorders M Y Schizophrenia Stress management M Y Suicide prevention Parenting/family resources M Y Grief Checkbox, one-up vertical M Y Physical or sexual abuse Physical or sexual abuse M Y Natural disaster Mass violence Post-military deployment N Yes No Paratily/S Drop down,	Other, please specify	B10			
exchanges or Medicaid/Medicare M Y Other Checkbox, one-up vertical M Y Patient/Client educational materials Checkbox, one-up vertical M Y Evidence based practices Information for working with specific populations M Y Information about specific substances of abuse M Y Information about specific mental illnesses M Y Alcohol Checkbox, one-up vertical M Y Marijuana Prescription drugs M Y Prescription drugs Tobacco M Y Other substances (e.g., cocaine, heroin) Parenting/family resources M Y Bullying prevention Eating disorders M Y Mood disorders PTSD Schizophrenia M Y Subitop prevention Parenting/family resources M Y Grief Checkbox, one-up vertical M Y Physical or sexual abuse Parenting/family resources M Y Mass violence Post-military deployment Image: Parenting/family resource N	Reimbursement for behavioral health services		Checkbox, one-up vertical	М	¥
OtherCheckbox, one-up verticalMYPatient/client educational materialsCheckbox, one-up verticalMYEvidence based practicesInformation about specific populationsCheckbox, one-up verticalMYInformation about specific substances of abuseCheckbox, one-up verticalMYMarijuanaPrescription drugsMYTobaccoOther substances (e.g., cocaine, heroin)Parenting/family resourcesMYAnger managementCheckbox, one-up verticalMYBullying preventionEating disordersMYMod disordersPTSDSchizophreniaMYStricted preventionStress managementCheckbox, one-up verticalMYPhysical or sexual abuseCheckbox, one-up verticalMYNatural disasterMass violencePost-military deploymentNYYesDrop down, select oneSYNoPartiallyStill lookingDrop down, select oneSY					
Evidence based practices Information for working with specific populationsImage: Constraint of the specific substances of abuse information about specific mental illnessesImage: Constraint of the specific substances of abuse information about specific mental illnessesMYMarijuana Prescription drugs Tobacco Other substances (e.g., cocaine, heroin) Parenting/family resources Anger managementCheckbox, one-up vertical MMYBullying prevention Eating disorders Mood disorders PTSD Schizophrenia Stries managementMYBullying prevention Eating disorders Mood disorders PTSD Schizophrenia Stries management Mass violence Post-military deploymentCheckbox, one-up vertical MMYPhysical or sexual abuse Natural disaster Mass violence Post-military deploymentText area, no char limitNYYes No Paritally Still lookingDrop down, select one S YYYSomewhat satisfiedDrop down, select one S YY	Other				
Information for working with specific populations Information about specific substances of abuse Information about specific substances of abuse Information about specific substances of abuse Checkbox, one-up vertical M Y Marijuana Prescription drugs M Y Other substances (e.g., cocaine, heroin) Parenting/family resources M Y Anger management Checkbox, one-up vertical M Y Bullying prevention Eating disorders M Y PTSD Schizophrenia Stress management M Y Suicide prevention Parenting/family resources M Y Parenting/family resources Checkbox, one-up vertical M Y Stress management Suicide prevention M Y Suicide prevention Parenting/family resources M Y Grief Checkbox, one-up vertical M Y Physical or sexual abuse Mas violence N Y Post-military deployment Text area, no char limit N N Yes No Parially Still looking Y Y			Checkbox, one-up vertical	М	Y
Information about specific substances of abuse information about specific mental illnessesCheckbox, one-up verticalMYAlcoholMarijuana Prescription drugs Tobacco Other substances (e.g., cocaine, heroin) Parenting/family resourcesMYBullying prevention Eating disorders Mod disorders PTSD SchizophreniaMYSchizophrenia Stress managementCheckbox, one-up verticalMYBullying prevention Eating disorders Mod disordersMYPrsD Schizophrenia Stress managementCheckbox, one-up verticalMYSubicide prevention Parenting/family resources GriefCheckbox, one-up verticalMYPhysical or sexual abuse Natural disaster Mass violence Post-military deploymentText area, no char limitNYes No Parially Still lookingDrop down, select oneSYSomewhat satisfiedDrop down, select oneSY	Evidence based practices				
Information about specific mental illnesses Image: Constraint of the system of the	Information for working with specific populations				
Alcohol Marijuana Marijuana M Y Marijuana Prescription drugs M Y Tobacco Other substances (e.g., cocaine, heroin) Parenting/family resources M Y Anger management Checkbox, one-up vertical M Y Bullying prevention Eating disorders M Y Mod disorders Mod disorders M Y PTSD Schizophrenia Stress management M Y Sulcide prevention Parenting/family resources M Y Grief Checkbox, one-up vertical M Y Physical or sexual abuse Mass violence M Y Natural disaster Mass violence Drop down, select one S Y No Partailly Drop down, select one S Y Still looking Drop down, select one S Y	Information about specific substances of abuse				
Marijuana Prescription drugs Prescruption drugs Prescription drugs	Information about specific mental illnesses				
Prescription drugs Tobacco Image: Constraint of the substances (e.g., cocaine, heroin) Parenting/family resources Anger management M Y Anger management Checkbox, one-up vertical M Y Bullying prevention Eating disorders M Y Mood disorders Mood disorders M Y PTSD Schizophrenia Stress management M Y Suicide prevention Parenting/family resources M Y Grief Checkbox, one-up vertical M Y Physical or sexual abuse Natural disaster M Y Mass violence Post-military deployment Text area, no char limit N Yes Drop down, select one S Y No Partially Drop down, select one S Y Still looking Drop down, select one S Y Somewhat satisfied Drop down, select one S Y	Alcohol		Checkbox, one-up vertical	М	Y
Tobacco Other substances (e.g., cocaine, heroin) Parenting/family resourcesCheckbox, one-up verticalMYAnger managementMYBullying prevention Eating disordersMYBullying prevention Eating disordersMYSchizophrenia Stress management Suicide prevention Parenting/family resourcesMYPhysical or sexual abuse Natural disaster Mass violenceMYPost-military deploymentText area, no char limitNYes No Partially Stil lookingDrop down, select oneSYSomewhat satisfiedDrop down, select oneSY	Marijuana				
Other substances (e.g., cocaine, heroin) Parenting/family resourcesCheckbox, one-up verticalMYAnger managementMYBullying prevention Eating disordersMYBullying prevention Eating disordersMYSchizophrenia Stress management Suicide prevention Parenting/family resourcesMYPhysical or sexual abuse Natural disasterCheckbox, one-up verticalMYPysical or sexual abuse Natural disasterText area, no char limitNYesDrop down, select oneSYNo Partially Stil lookingDrop down, select oneSYSomewhat satisfiedDrop down, select oneSY	Prescription drugs				
Parenting/family resourcesImage: constraint of the second sec					
Anger managementCheckbox, one-up verticalMYBullying preventionEating disordersMod disordersYPTSDSchizophreniaStress managementSchizophreniaMYStress managementSuicide preventionParenting/family resourcesMYParenting/family resourcesCheckbox, one-up verticalMYPhysical or sexual abuseMYYNatural disasterMass violenceText area, no char limitNYesDrop down, select oneSYNoPartiallyDrop down, select oneSYSomewhat satisfiedDrop down, select oneSY					
Bullying preventionEating disordersMood disordersPTSDSchizophreniaStress managementSuicide preventionParenting/family resourcesGriefPhysical or sexual abuseNatural disasterMass violencePost-military deploymentYesNoPartiallyStill lookingVery satisfiedSomewhat satisfied	Parenting/family resources				
Eating disordersMod disordersImage: Section of the section of			Checkbox, one-up vertical	М	Y
Mood disordersPTSDSchizophreniaStress managementSuicide preventionParenting/family resourcesGriefMass violencePost-military deploymentYesNoPartiallyStill lookingVery satisfiedSomewhat satisfied					
PTSD Schizophrenia<	• • •				
SchizophreniaStress managementSuicide preventionParenting/family resourcesGriefCheckbox, one-up verticalMYPhysical or sexual abuseNatural disasterMass violencePost-military deploymentYesDrop down, select oneNoPartiallyStill lookingVery satisfiedSomewhat satisfied					
Stress managementSuicide preventionParenting/family resourcesGriefMPhysical or sexual abuseNatural disasterMass violencePost-military deploymentYesNoPartiallyStill lookingVery satisfiedSomewhat satisfied					
Suicide prevention Parenting/family resourcesImage: Second Secon	· · · · · · · · · · · · · · · · · · ·				
Parenting/family resourcesCheckbox, one-up verticalMYGriefMYYPhysical or sexual abuseMass violenceMYNatural disasterMass violenceText area, no char limitNPost-military deploymentText area, no char limitNYesDrop down, select oneSYNoPartiallyDrop down, select oneSYStill lookingDrop down, select oneSYSomewhat satisfiedDrop down, select oneSY					
GriefCheckbox, one-up verticalMYPhysical or sexual abuseNatural disasterMass violenceYMass violenceText area, no char limitNPost-military deploymentText area, no char limitNYesDrop down, select oneSYNoPartiallyDrop down, select oneSYStill lookingDrop down, select oneSYSomewhat satisfiedDrop down, select oneSY	· · · · · · · · · · · · · · · · · · ·				
Physical or sexual abuse Natural disaster Mass violence Post-military deploymentImage: Constant of the sector of the se			Charlebox and up vortical	N 4	V
Natural disasterMass violencePost-military deploymentPost-military deploymentText area, no char limitYesNoPartiallyStill lookingVery satisfiedSomewhat satisfied			Checkbox, one-up venical	IVI	Ŷ
Mass violence Post-military deploymentMass violenceImage: Constraint of the second					
Post-military deploymentImage: Constraint of the second secon					
YesText area, no char limitNYesDrop down, select oneSYNoPartiallyDrop down, select oneSYStill lookingDrop down, select oneSYVery satisfiedDrop down, select oneSY					
Yes Drop down, select one S Y No Partially Partial	Post-military deployment		Taataa ahaa kaa Kasti		N
No Partially Still looking Drop down, select one Very satisfied Somewhat satisfied					
Partially Partially Still looking Drop down, select one Very satisfied Drop down, select one Somewhat satisfied Y			Drop down, select one	S	Y
Still looking Drop down, select one S Y Somewhat satisfied Somewhat satisfied Somewhat satisfied Y					
Very satisfied Drop down, select one S Y Somewhat satisfied	-				
Somewhat satisfied					
			Drop down, select one	S	Y
No opinion					
	No opinion				

Somewhat dissatisfied	Α			
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	-	Drop down, select one	5	IN
Prefer not to respond	_			
17 and under		Drop down, select one	S	N
18 - 24	-		5	IN
25 - 34	-			
35 - 44	-			
45 - 54	_			
45 - 54 55 - 64	-			
65 and over	-			
	_			
Prefer not to respond Current middle or high school student		Dran down coloct and	S	N
	-	Drop down, select one	5	IN
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	•	Drop down coloct one	C	NI
United States	A	Drop down, select one	S	N
LLS Torritorios or Dossossions	в			
U.S. Territories or Possessions	C			
International (please specify)		Drop down, select one	S	N
Alabama	_	Drop down, select one	5	IN
Alaska				
Arizona	_			
Arkansas	_			
California	-			
Colorado	_			
Connecticut	-			
	-			
Delaware Florida	-			
Florida	-			
Georgia	-			
Hawaii	-			
Idaho				
Illinois	_			
Indiana	_			
Iowa				

V	
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
Guam	
Northern Mariana Islands	
Puerto Rico	
U.S. Virgin Islands	
	Text area, 100 character limit
Urban area	Drop down, select one S
Rural area	
Don't know	
Hispanic	Drop down, select one S
Non-Hispanic	
Prefer not to respond	
American Indian or Alaska Native	Drop down, select one S

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

Skip Logic Group	Improve products
	Other services wanted
	Device type
[Conder
	Gender
	Age
	Education
Skip Logic	Location
Group	
Skip Logic Group	State

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

		-

SAMHSA Store V2

MID: YItkJ4B5FR1E0Q5tk49Zow4C

Date: 5/18/16

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

MAC1883A04 Recovery support services (e.g., support groups) Information about specific substances of abuse MAC1884 A5 Please specify the topic of interest for substance abuse prevention. (Check all that apply) MAC1884A01 Alcohol MAC1885 A6 Please specify the topic of interest for preventing mental illness and promoting mental wellness. (Check all that apply) MAC1885A02 Anger management MAC1886 A7 Please specify the topic of interest for preventing mental illness and promoting mental wellness. (Check all that apply) MAC1885A02 Anitety or depression Bullying prevention MAC1885A03 MAC1886 A7 Please specify the topic of interest for preventing mental illness and promoting mental wellness. (Check all that apply) MAC1885A03 Anitety or depression MAC1885A04 MAC1886 A7 Please specify the topic of interest for trauma recovery. (Check all that apply) MAC1886A01 Death of a loved one topic of interest for trauma recovery. (Check all that apply) MAC1886 A7 Please specify the topic of interest for trauma recovery. (Check all that apply) MAC1886A01 Death of a loved one topic of interest for trauma recovery. (Check all that apply) MAC1886 B1 What best describes your organization type? MAC1888A01 Behavioral health treatment facility MAC1888 B1 What best describes your organization type? MAC1888A01 Behavioral health treatment facility						
MAC1884 A5 Please specify the topic of interest for substance abuse prevention. (Check all that apply) MAC1884A01 Alcohol MAC1885 A6 Please specify the topic of interest for substance abuse prevention. (Check all that apply) MAC1884A02 Marijuana MAC1885 A6 Please specify the topic of interest for preventing mental ellness. (Check all that apply) MAC1885A01 Anger management MAC1886 A7 Please specify the topic of interest for trauma recovery. (Check all that apply) MAC1885A06 Bullying prevention MAC1886 A7 Please specify the topic of interest for trauma recovery. (Check all that apply) MAC1885A06 Schizophrenia MAC1886 A7 Please specify the topic of interest for trauma recovery. (Check all that apply) MAC1886A01 Death of a loved one MAC1886 A7 Please specify the topic of interest for trauma recovery. (Check all that apply) MAC1886A03 Death of a loved one MAC1887 A8 Please specify other information looking for. MAC1888A01 Death of a loved one MAC1888 B1 What best describes your organization type? MAC1888A01 Behavioral health treatment facility MAC1888 B1 What best describes your organization type? MAC1888A01 <td></td> <th></th> <td></td> <td>MAC1883A04</td> <td></td> <td></td>				MAC1883A04		
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MAC1886A03 Natural disaster MAC1886A04 Mass violence MAC1886A05 Post-military deployment MAC1888A05 Post-military deployment 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 Individual or group private practice	MAC1880	Α/	topic of interest for			_
MAC1880A03 Matural 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						_
MAC1887A8Please specify other information looking for.Post-military deploymentMAC1887A8Please specify other information looking for.Behavioral health treatment facilityMAC1888B1What best describes your organization type?MAC1888A01 Health insurerBehavioral health treatment facilityCriminal justice/courtsHealth insurerHuman resources/employee assistance programIndividual or group private practice			(oncon an inat apply)			_
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 Health insurer Human resources/employee assistance program Individual or group private practice						_
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your organization type? Health insurer Human resources/employee assistance program Individual or group private practice	WAC1887	Ao	information looking			
Health insurer Human resources/employee assistance program Individual or group private practice	MAC1888	B1	your organization	MAC1888A01		
Human resources/employee assistance program Individual or group private practice			type?		Criminal justice/courts	
assistance program Individual or group private practice					Health insurer	
practice						
Managad aaro/inguranga						
					Managed care/insurance	
company office						
Military/veterans group Nonprofit/community-based						
organization/coalition					organization/coalition	
MAC1888A02 Non-residential/out-patient facility				MAC1888A02	facility	
MAC1888A05 Public place/Interacting in community				MAC1888A05		
MAC1888A06 Residential/in-patient facility				MAC1888A06	Residential/in-patient facility	
MAC1888A08 School/university					-	
MAC1888A10 Other A				MAC1888A10	Other	Α
NEL0120898 A Please specify your organization.	NEL0120898	А				

		I_ ·			
MAC1889	B2	For whom are you	MAC1889A01	Professional education for	
		primarily looking for		self/colleagues	
		information and resources?	MAC1889A02	Use with patients/clients	
		iesources?	MAC1889A03	Use within classroom/youth	
				setting	
			MAC1889A04	Public awareness	
				campaign/event	
			MAC1889A05	Other	
MAC1890	B3	Which of the following	MAC1890A01	12 and under	
		best describes the age			
		of your patients,	MAC1890A02	13 to 17	
		clients, or students?	MAC1890A03	18 to 24	
			MAC1890A04	25 to 34	
			MAC1890A05	35 to 44	
			MAC1890A06	45 to 54	
			MAC1890A00		
				55 to 64	
N44.04.004	P 4	14/	MAC1890A08	65 and older	
MAC1891	B4	Were you primarily	MAC1891A01	Affordable Care Act (e.g.,	B5
		looking for information on any of		health reform, parity)	
		the following topics?	MAC1891A02	Treatment and recovery	B6
		the following topics?	MAC1891A03	Substance abuse prevention	B7
			MAC1891A04	Preventing mental	
				illness/promoting mental	B8
				wellness	
			MAC1891A05	Trauma	B9
			MAC1891A06	Other, please specify	B10
MAC1892	B5	Please specify the	MAC1892A01	Reimbursement for behavioral	
		topic of interest for		health services	
		Affordable Care Act.	MAC1892A02	Enrolling patients/clients in	
		(Check all that apply)		health insurance exchanges or	
				Medicaid/Medicare	
			MAC1892A03	Other	
MAC1893	B6	Please specify the	MAC1893A01	Patient/client educational	
		topic of interest for		materials	
		treatment and	MAC1893A02	Evidence based practices	
		recovery. (Check all	MAC1893A03	· · · · · · · · · · · · · · · · · · ·	
		that apply)		specific populations	
			MAC1893A04	Information about specific	
				substances of abuse	
			MAC1893A05	Information about specific	
			MINOTO2000400	mental illnesses	
MAC1894	B7	Please specify the	MAC1894A01	Alcohol	
WAC1034	57	topic of interest for			
		substance abuse		Marijuana	
		prevention. (Check all	MAC1894A03	Marijuana Dressription drugs	
		that apply)		Prescription drugs	
			MAC1894A04	Tobacco	
			MAC1894A02	Other substances (e.g.,	
				cocaine, heroin)	
			MAC1894A05	Parenting/family resources	
MAC1895	B8	Please specify the	MAC1895A01	Anger management	
		topic of interest for			
		preventing mental illness and promoting	MAC1895A02	Bullying prevention	
		miness and promoting	MAC1895A03	Eating disorders	

		IIIEIIIAI WEIIIIESS.		l	
		(Check all that apply)	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	MAC1896A01	Grief	
		trauma. (Check all that	MAC1896A02	Physical or sexual abuse	
		apply)	MAC1896A03	Natural disaster	
			MAC1896A04	Mass violence	
			MAC1896A05	Post-military deployment	
MAC1897	B10	Please specify other information looking for.			
MAC1898		Did you find what you	MAC1898A01	Yes	
		were looking for?	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	Α
			MAC1899A05	Very dissatisfied	Α
MAC1900	A	Please tell us how our products and resources could be			
		improved.			
MAC1901		improved.			
MAC1901					
MAC1901 MAC1902		improved. What services could this agency provide to	MAC1902A01	Desktop or laptop computer	
		improved. What services could this agency provide to better serve you? Please specify the types of electronic	MAC1902A01 MAC1902A02	· · · · · ·	
		improved. What services could this agency provide to better serve you? Please specify the types of electronic devices you use.		Desktop or laptop computer Tablet or e-reader (e.g., iPad, Kindle, Nook)	
		improved. What services could this agency provide to better serve you? Please specify the types of electronic		Tablet or e-reader (e.g., iPad,	
		improved. What services could this agency provide to better serve you? Please specify the types of electronic devices you use.	MAC1902A02	Tablet or e-reader (e.g., iPad, Kindle, Nook) Smartphone (e.g., iPhone or similar devices with web access)	
MAC1902	demog	improved. What services could this agency provide to better serve you? Please specify the types of electronic devices you use. (Check all that apply)	MAC1902A02 MAC1902A03 MAC1902A04	Tablet or e-reader (e.g., iPad, Kindle, Nook) Smartphone (e.g., iPhone or similar devices with web access) Cell phone	r statisti
MAC1902 The following	demog	improved. What services could this agency provide to better serve you? Please specify the types of electronic devices you use. (Check all that apply)	MAC1902A02 MAC1902A03 MAC1902A04 re entirely o	Tablet or e-reader (e.g., iPad, Kindle, Nook) Smartphone (e.g., iPhone or similar devices with web access) Cell phone ptional and will be used fo	r statisti
MAC1902	demog	improved. What services could this agency provide to better serve you? Please specify the types of electronic devices you use. (Check all that apply)	MAC1902A02 MAC1902A03 MAC1902A04 re entirely o MAC1903A01	Tablet or e-reader (e.g., iPad, Kindle, Nook) Smartphone (e.g., iPhone or similar devices with web access) Cell phone ptional and will be used fo Female	r statistic
MAC1902 The following	demog	improved. What services could this agency provide to better serve you? Please specify the types of electronic devices you use. (Check all that apply)	MAC1902A02 MAC1902A03 MAC1902A04 re entirely o MAC1903A01 MAC1903A02	Tablet or e-reader (e.g., iPad, Kindle, Nook) Smartphone (e.g., iPhone or similar devices with web access) Cell phone ptional and will be used fo Female Male	r statisti(
MAC1902 The following MAC1903	demog	improved. What services could this agency provide to better serve you? Please specify the types of electronic devices you use. (Check all that apply) raphics questions a What is your gender?	MAC1902A02 MAC1902A03 MAC1902A04 re entirely o MAC1903A01 MAC1903A02 MAC1903A03	Tablet or e-reader (e.g., iPad, Kindle, Nook) Smartphone (e.g., iPhone or similar devices with web access) Cell phone ptional and will be used fo Female Male Prefer not to respond	r statisti
MAC1902 The following	demog	improved. What services could this agency provide to better serve you? Please specify the types of electronic devices you use. (Check all that apply) raphics questions a What is your gender? Please select the	MAC1902A02 MAC1902A03 MAC1902A04 re entirely o MAC1903A01 MAC1903A02 MAC1903A03 MAC1904A01	Tablet or e-reader (e.g., iPad, Kindle, Nook) Smartphone (e.g., iPhone or similar devices with web access) Cell phone ptional and will be used fo Female Male Prefer not to respond 17 and under	r statisti
MAC1902 The following MAC1903	demog	improved.What services could this agency provide to better serve you?Please specify the types of electronic devices you use. (Check all that apply)raphics questions a What is your gender?Please select the category that includes	MAC1902A02 MAC1902A03 MAC1902A04 re entirely o MAC1903A01 MAC1903A02 MAC1903A03 MAC1904A01 MAC1904A02	Tablet or e-reader (e.g., iPad, Kindle, Nook)Smartphone (e.g., iPhone or similar devices with web access)Cell phoneptional and will be used foFemaleMalePrefer not to respond17 and under18 - 24	r statisti
MAC1902 The following MAC1903	demog	improved. What services could this agency provide to better serve you? Please specify the types of electronic devices you use. (Check all that apply) raphics questions a What is your gender? Please select the	MAC1902A02 MAC1902A03 MAC1902A04 re entirely o MAC1903A01 MAC1903A02 MAC1903A03 MAC1904A01 MAC1904A02 MAC1904A03	Tablet or e-reader (e.g., iPad, Kindle, Nook) Smartphone (e.g., iPhone or similar devices with web access) Cell phone ptional and will be used fo Female Male Prefer not to respond 17 and under 18 - 24 25 - 34	r statisti
MAC1902 The following MAC1903	demog	improved.What services could this agency provide to better serve you?Please specify the types of electronic devices you use. (Check all that apply)raphics questions a What is your gender?Please select the category that includes	MAC1902A02 MAC1902A03 MAC1902A04 re entirely o MAC1903A01 MAC1903A02 MAC1903A03 MAC1904A01 MAC1904A03 MAC1904A03 MAC1904A04	Tablet or e-reader (e.g., iPad, Kindle, Nook) Smartphone (e.g., iPhone or similar devices with web access) Cell phone ptional and will be used fo Female Male Prefer not to respond 17 and under 18 - 24 25 - 34 35 - 44	r statisti(
MAC1902 The following MAC1903	demog	improved.What services could this agency provide to better serve you?Please specify the types of electronic devices you use. (Check all that apply)raphics questions a What is your gender?Please select the category that includes	MAC1902A02 MAC1902A03 MAC1902A04 re entirely o MAC1903A01 MAC1903A02 MAC1903A03 MAC1904A01 MAC1904A03 MAC1904A03 MAC1904A04 MAC1904A05	Tablet or e-reader (e.g., iPad, Kindle, Nook) Smartphone (e.g., iPhone or similar devices with web access) Cell phone ptional and will be used fo Female Male Prefer not to respond 17 and under 18 - 24 25 - 34 35 - 44 45 - 54	r statisti
MAC1902 The following MAC1903	demog	improved.What services could this agency provide to better serve you?Please specify the types of electronic devices you use. (Check all that apply)raphics questions a What is your gender?Please select the category that includes	MAC1902A02 MAC1902A03 MAC1902A04 re entirely o MAC1903A01 MAC1903A02 MAC1903A03 MAC1904A01 MAC1904A02 MAC1904A03 MAC1904A05 MAC1904A05 MAC1904A06	Tablet or e-reader (e.g., iPad, Kindle, Nook) Smartphone (e.g., iPhone or similar devices with web access) Cell phone ptional and will be used fo Female Male Prefer not to respond 17 and under 18 - 24 25 - 34 35 - 44 45 - 54 55 - 64	r statisti
MAC1902 The following MAC1903	demog	improved.What services could this agency provide to better serve you?Please specify the types of electronic devices you use. (Check all that apply)raphics questions a What is your gender?Please select the category that includes	MAC1902A02 MAC1902A03 MAC1902A04 re entirely o MAC1903A01 MAC1903A02 MAC1903A03 MAC1904A01 MAC1904A03 MAC1904A03 MAC1904A04 MAC1904A05	Tablet or e-reader (e.g., iPad, Kindle, Nook) Smartphone (e.g., iPhone or similar devices with web access) Cell phone ptional and will be used fo Female Male Prefer not to respond 17 and under 18 - 24 25 - 34 35 - 44 45 - 54	r statisti

MAC1905	Which of the following	MAC1905A01	Current middle or high school	
	best describes the		student	
	highest level of	MAC1905A02	Did not complete high school	
	education you have	MAC1905A03	High school graduate	
	completed?	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	MAC1906A01	Alabama	
	in?	MAC1906A02	Alaska	
		MAC1906A03	Arizona	
		MAC1906A04	Arkansas	
		MAC1906A05	California	
		MAC1906A06	Colorado	
		MAC1906A07	Connecticut	
		MAC1906A08	Delaware	
		MAC1906A09	Florida	
		MAC1906A10	Georgia	
		MAC1906A11	Hawaii	
		MAC1906A12	Idaho	
		MAC1906A13	Illinois	
		MAC1900A13	Indiana	
		MAC1900A14 MAC1906A15	lowa	
		MAC1906A15		
		MAC1906A10 MAC1906A17	Kansas Kentucky	
		MAC1906A17 MAC1906A18	Louisiana	
		MAC1906A19	Maine	
		MAC1906A20	Maryland	
		MAC1906A21	Massachusetts	
		MAC1900A21 MAC1906A22	Michigan	
		MAC1906A22 MAC1906A23	Minnesota	
		MAC1900A24 MAC1906A25	Mississippi Missouri	
		MAC1906A25	Montana	
		MAC1900A20 MAC1906A27	Nebraska	
		MAC1906A27 MAC1906A28	Nevada	
		MAC1900A28 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	
I		MAC1906A41	South Dakota	

I		MAC1906A42	Tennessee	7
		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	MAC1908A01	Hispanic	
	your ethnicity ?	MAC1908A02	Non-Hispanic	
		MAC1908A03	Prefer not to respond	
MAC1909	How do you describe	MAC1909A01	American Indian or Alaska	
	your race ?		Native	
		MAC1909A02	Asian or Pacific Islander	
		MAC1909A03	African American or Black	
		MAC1909A04	White	
		MAC1909A05	Other	
		MAC1909A06	Prefer not to respond	

I 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	Υ	Skip Logic Group	Personal info topic
Checkbox, one-up vertical	М	Y	Skip Logic Group	Personal treatment

Checkbox, one-up vertical	Μ	Y	Skip Logic Group	Personal SA prevention
Checkbox, one-up vertical	Μ	Y	Skip Logic Group	Personal MH illness
Checkbox, one-up vertical	Μ	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	М	Y	Skip Logic Group	Professional ACA
Checkbox, one-up vertical	М	Y	Skip Logic Group	Professional treatment
Checkbox, one-up vertical	М	Y	Skip Logic Group	Professional SA prevention
Checkbox, one-up vertical	М	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.	1	1		1
Drop down, select one	S	N		Gender
Drop down, select one	S	Ν		Age

S	Ν	Education
S	N	State

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

SAMHSA Store V2

MID: YItkJ4B5FR1E0Q5tk49Zow4C

Date: 5/18/16

red <u>& strike-through</u>: DELETE <u>underlined & italicized</u>: 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	MAC1878A01	First time	
		visit the SAMHSA	MAC1878A02	Daily	
		Store?	MAC1878A03	Weekly	
			MAC1878A04	Monthly	
			MAC1878A05	Every few months or less often	
MAC1879		interest in substance	MAC1879A01	Personal	A1-A3
		abuse and mental	MAC1879A02	Professional	B1-B4
MAC1880	A1	For WHOMCare you looking up information	MAC1880A01	Yourself	
		and resources?	MAC1880A02	Family member	
			MAC1880A03	Friend	
MAC1881	A2	person for whom you	MAC1881A01	12 and under	
		are seeking resources?	MAC1881A02	13 to 17	
			MAC1881A03	18 to 24	
			MAC1881A04	25 to 34	
			MAC1881A05	35 to 44	
			MAC1881A06	45 to 54	
			MAC1881A07	55 to 64	
			MAC1881A08	65 and older	
MAC1882	A3	Are you primarily looking for	MAC1882A01	Treatment and recovery	A4
		information on any of the following topics?	MAC1882A02	Preventing substance abuse problems	A5
			MAC1882A03	Preventing mental illness/promoting mental wellness	A6
			MAC1882A04	Helping someone cope with and recover from a traumatic event	A7
			MAC1882A05	Other, please specify	A8
MAC1883	A4	Please specify the topic of interest for	MAC1883A01	Options for paying for treatment	
		treatment and recovery. (Check all	MAC1883A02	Understanding different types of treatment	
		that apply)	MAC1883A03	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	MAC1884A01	Alcohol	
		substance abuse		Marijuana	
		prevention. (Check all	MAC1884A03	Prescription drugs	
		that apply)	MAC1884A04	Tobacco	
			MAC1884A02	Other substances (e.g., cocaine, heroin)	
MAC1885	A6	Please specify the topic of interest for	MAC1885A01	Anger management	
		preventing mental	MAC1885A02	Anxiety or depression	
		illness and promoting mental wellness.	MAC1885A03	Bullying prevention	
		(Check all that apply)	MAC1885A04	Eating disorders	
		(Check an that apply)	MAC1885A05	PTSD	
			MAC1885A06	Schizophrenia	
			MAC1885A07	Stress management	
			MAC1885A08	Suicide prevention	
MAC1886	Α7	Please specify the topic of interest for	MAC1886A01	Death of a loved one	
		trauma recovery.	MAC1886A02	Physical or sexual abuse	
		(Check all that apply)	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	MAC1888A01	Behavioral health treatment facility	
		type?		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	

			14401000400	Desidentiallin notiont facility	
			MAC1888A06	Residential/in-patient facility	
			MAC1888A08	School/university	
			MAC1888A10	Other	Α
	Α	Please specify your			
		organization.			
MAC1889	B2	For whom are you primarily looking for	MAC1889A01	Professional education for self/colleagues	
		information and	MAC1889A02	Use with patients/clients	
		resources?	MAC1889A03	Use within classroom/youth setting	
			MAC1889A04	Public awareness campaign/event	
			MAC1889A05	Other	
MAC1890	B3	Which of the following best describes the age	MAC1890A01	12 and under	
		of your patients,	MAC1890A02	13 to 17	
		clients, or students?	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	MAC1891A01	Affordable Care Act (e.g., health reform, parity)	B5
		information on any of	MAC1891A02	Treatment and recovery	B6
		the following topics?	MAC1891A03	Substance abuse prevention	B7
			MAC1891A04	Preventing mental illness/promoting mental wellness	B8
			MAC1891A05	Trauma	В9
			MAC1891A06	Other, please specify	B10
MAC1892	B5	Please specify the topic of interest for	MAC1892A01	Reimbursement for behavioral health services	
		Affordable Care Act. (Check all that apply)	MAC1892A02	Enrolling patients/clients in health insurance exchanges or Medicaid/Medicare	
			MAC1892A03	Other	
MAC1893	B6	Please specify the topic of interest for	MAC1893A01	Patient/client educational materials	
		treatment and	MAC1893A02	Evidence based practices	
		recovery. (Check all that apply)	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	MAC1894A01	Alcohol	
		substance abuse		Marijuana	
		prevention. (Check all	MAC1894A03	Prescription drugs	
		that apply)	MAC1894A04	Tobacco	

			MAC1894A02	Other substances (e.g.,	
				cocaine, heroin)	
			MAC1894A05	Parenting/family resources	
MAC1895	B8	Please specify the topic of interest for	MAC1895A01	Anger management	
		preventing mental	MAC1895A02	Bullying prevention	
		illness and promoting mental wellness.	MAC1895A03	Eating disorders	
		(Check all that apply)	MAC1895A04	Mood disorders	
		(onook an inat apply)	MAC1895A05	PTSD	
			MAC1895A06	Schizophrenia	
			MAC1895A07	Stress management	
			MAC1895A08	Suicide prevention	
			MAC1895A09	Parenting/family resources	
MAC1896	B9	Please specify the topic of interest for	MAC1896A01	Grief	
		trauma. (Check all that	MAC1896A02	Physical or sexual abuse	
		apply)	MAC1896A03	Natural disaster	
			MAC1896A04	Mass violence	
			MAC1896A05	Post-military deployment	
MAC1897	B10	Please specify other information looking for.			
MAC1898		Did you find what you	MAC1898A01	Yes	
		were looking for?	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	Α
			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	MAC1902A01	Desktop or laptop computer	
		types of electronic devices you use.	MAC1902A02	Tablet or e-reader (e.g., iPad, Kindle, Nook)	
		(Check all that apply)	MAC1902A03	Smartphone (e.g., iPhone or similar devices with web access)	
			MAC1902A04	Cell phone	
The following	demogr	anhice questions a		ptional and will be used fo	r statisti
MAC1903	aemogr	What is your gender?	MAC1903A01	Female	i statisti
WAC 1903		what is your genuer?		Male	
			MAC1903A02		
MAC1904		Please select the	MAC1903A03 MAC1904A01	Prefer not to respond 17 and under	
	1	ור ובמשב שבובנו נווב			1

	category that includes	MAC1904A02	18 - 24	
	your age.	MAC1904A03	25 - 34	
		MAC1904A04	35 - 44	
		MAC1904A05	45 - 54	
		MAC1904A06	55 - 64	
		MAC1904A00 MAC1904A07	65 and over	
N44.04.005		MAC1904A08	Prefer not to respond	
MAC1905	Which of the following best describes the	MAC1905A01	Current middle or high school student	
	highest level of	MAC1905A02	Did not complete high school	
	education you have	MAC1905A03	High school graduate	
	completed?	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		Alabama	
	in?	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	
		MAC1900A20 MAC1906A27	Nebraska	
		MAC1906A28	Nevada	
		MAC1906A29	New Hampshire	
		MAC1906A30	New Jersey	
		MAC1906A31	New Mexico	
		MAC1906A32	New York	
		MAC1906A33	North Carolina	
		MAC1906A34	North Dakota	

1	1	h		
		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	MAC1908A01	Hispanic	
	your ethnicity ?	MAC1908A02	Non-Hispanic	
		MAC1908A03	Prefer not to respond	
MAC1909	How do you describe	MAC1909A01	American Indian or Alaska	
	your race ?		Native	
		MAC1909A02	Asian or Pacific Islander	
		MAC1909A03	African American or Black	
		MAC1909A04	White	
		MAC1909A05	Other	
		MAC1909A06	Prefer not to respond	

I 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	М	Y	Skip Logic Group	Personal treatment

Checkbox, one-up vertical	Μ	Y	Skip Logic Group	Personal SA prevention
Checkbox, one-up vertical	Μ	Y	Skip Logic Group	Personal MH illness
Checkbox, one-up vertical	Μ	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	Μ	Y	Skip Logic Group	Professional ACA
Checkbox, one-up vertical	Μ	Y	Skip Logic Group	Professional treatment
Checkbox, one-up vertical	Μ	Y	Skip Logic Group	Professional SA prevention

Checkbox, one-up vertical	M	Y	Skip Logic	Professional MH
	IVI		Group	illness
Checkbox, one-up vertical	Μ	Y	Skip Logic Group	Professional trauma
Text area, no char limit		Ν	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		Ν		Other services wanted
Checkbox, one-up vertical	М	Y		Device type
cal purpose only.				
Drop down, select one	S	Ν		Gender

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

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

SAMHSA Store V2

MID: YItkJ4B5FR1E0Q5tk49Zow4C

			SAN
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	MAC1879A01
	• 4	topics?	MAC1879A02
MAC1880	A1	For whom are you looking up information and resources?	MAC1880A01
			MAC1880A02
11101001			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	MAC1882A01
		topics?	MAC1882A02
			MAC1882A03
			MAC1882A04
			MAC1882A05
MAC1883	A4	Please specify the topic of interest for treatment and recovery. (Check	MAC1883A01
		all that apply)	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	MAC1885A01
	,	promoting mental wellness. (Check all that apply)	MAC1885A02
			MAC1885A03
			MAC1885A04
			MAC1885A05
			MAC1885A06
			MAC1885A07
			MAC1885A08
MAC1886	A7	Please specify the topic of interest for trauma recovery. (Check all	MAC1885A08 MAC1886A01
IVIAC1000	A/	Flease specify the topic of interest for trauma recovery. (Check all	INACTOODAUT

SAMHSA Store V2

MID: YItkJ4B5FR1E0Q5tk49Zow4C

			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,	MAC1890A01
		or students?	MAC1890A02
			MAC1890A03
			MAC1890A04
			MAC1890A05
			MAC1890A06
			MAC1890A07
			MAC1890A08
MAC1891	B4	Were you primarily looking for information on any of the following	MAC1891A01
		topics?	MAC1891A02
			MAC1891A03
			MAC1891A04
			MAC1891A05
			MAC1891A06
MAC1892	B5	Please specify the topic of interest for Affordable Care Act. (Check all	MAC1892A01
		that apply)	MAC1892A02
			MAC1892A03
MAC1893	B6	Please specify the topic of interest for treatment and recovery. (Check	MAC1893A01
		all that apply)	MAC1893A02
			MAC1893A03
			MAC1893A04
			MAC1893A05
MAC1894	B7	Please specify the topic of interest for substance abuse prevention.	MAC1894A01
		i louis speen, no topie et interest for substance abuse prevention.	

SAMHSA Store V2

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			SAN
QID Group ID)	Skip Logic Label	Question Text (Check all that apply)	Answer IDs (DOT ONLY)
		(Check all that apply)	MAC1894A03
			MAC1894A03 MAC1894A04
			MAC1894A02
			MAC1894A02 MAC1894A05
MAC1895	B8	Please specify the topic of interest for preventing mental illness and	MAC1895A01
IVIAC1095	50	promoting mental wellness. (Check all that apply)	MAC1895A02
			MAC1895A03
			MAC1895A04
			MAC1895A05
			MAC1895A05 MAC1895A06
			MAC1895A00 MAC1895A07
			MAC1895A07 MAC1895A08
			MAC1895A08 MAC1895A09
MAC1896	B9	Please specify the topic of interest for trauma. (Check all that apply)	MAC1896A01
WAC1090	59	rease specify the topic of interest for tradina. (Check all that apply)	MAC1896A01 MAC1896A02
			MAC1896A02 MAC1896A03
			MAC1896A04
			MAC1896A05
MAC1897	B10	Please specify other information looking for.	MAC1090A03
MAC1898	Dit	Did you find what you were looking for?	MAC1898A01
WIAC1030		Did you init what you were looking for:	MAC1898A02
			MAC1898A03
			MAC1898A04
MAC1899		How satisfied were you with the content available?	MAC1899A01
11/1/ (01000		now subside were you wan the content available.	MAC1899A02
			MAC1899A03
			MAC1899A04
			MAC1899A05
MAC1900	А	Please tell us how our products and resources could be improved.	
MAC1901		What services could this agency provide to better serve you?	
MAC1901		Please specify the types of electronic devices you use. (Check all	MAC1902A01
		that apply)	MAC1902A02
			MAC1902A03
			MAC1902A04
The follow	ing demographic	s questions are entirely optional and will be used for stat	
MAC1903		What is your gender?	MAC1903A01
WAC1303			MAC1903A01 MAC1903A02
			MAC1903A02 MAC1903A03
MAC1904		Please select the category that includes your age .	MAC1903A03 MAC1904A01
WAC1904			MAC1904A01 MAC1904A02
I			MAC1904A03

SAMHSA Store V2

MID: YItkJ4B5FR1E0Q5tk49Zow4C

			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	MAC1905A01
		you have completed?	MAC1905A02
			MAC1905A03
			MAC1905A04
			MAC1905A05
			MAC1905A06
			MAC1905A07
			MAC1905A08
			MAC1905A09
MAC1906		What state do you live in?	MAC1906A01
			MAC1906A02
l l			MAC1906A03
1			MAC1906A04
			MAC1906A05
			MAC1906A06
			MAC1906A07
			MAC1906A08
			MAC1906A08 MAC1906A09
			MAC1906A10
			MAC1906A10 MAC1906A11
			MAC1906A12
			MAC1906A13
			MAC1906A14
			MAC1906A15
			MAC1906A16
			MAC1906A17
			MAC1906A18
			MAC1906A19
			MAC1906A20
			MAC1906A21
			MAC1906A22
			MAC1906A23
			MAC1906A24
			MAC1906A25
			MAC1906A26
			MAC1906A27
			MAC1906A28
			MAC1906A29
	I	1	1.1.1.1.0.1.0.001/2.0

SAMHSA Store V2

MID: YItkJ4B5FR1E0Q5tk49Zow4C

			SAM
QID			
(Group ID)	Skip Logic Label	Question Text	Answer IDs (DOT ONLY)
			MAC1906A30
			MAC1906A31
			MAC1906A32
			MAC1906A33
			MAC1906A34
			MAC1906A35
			MAC1906A36
			MAC1906A37
i i			MAC1906A38
1			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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Daily Automa (Sec) Automa	HSA Store V2 CUSTOM QUESTION LIST						
irst time insection of the section o		Skip to	Type (select from list)				CO Label
weaky months or less oftenA1-A3 shorthy wronths or less oftenA1-A3 shorthy wronths or less oftenCheckbox, one-up verticalSYSkip Logic GroupPrimary interestvolassional83-B4Radio button, one-up verticalSYSkip Logic GroupPersonal info for shortherestvolassional10-17Radio button, one-up verticalSYPersonal info for shortherest21 and under10-17Radio button, one-up verticalSYPersonal age31 0.1710-17Radio button, one-up verticalSYPersonal age18 0.2410-16Radio button, one-up verticalSYPersonal age18 0.2410-17Radio button, one-up verticalSYPersonal age18 0.2410-1610-1610-1610-1610-1619 0.4410-1610-1610-1610-1610-1619 0.4410-1610-1610-1610-1610-1619 0.4410-1610-1610-1610-1610-1619 0.4510-1610-1610-1610-1610-1619 0.4510-1610-1610-1610-1610-1619 0.4510-1610-1610-1610-1610-1610 0.4510-1610-1610-1610-1610-1610 0.4610-1610-1610-1610-1610-1610 0.4610-1610-1610-1610-1610-1610 0.4610-1610-1610-1	First time						
weaky months or less oftenA1-A3 shorthy wronths or less oftenA1-A3 shorthy wronths or less oftenCheckbox, one-up verticalSYSkip Logic GroupPrimary interestvolassional83-B4Radio button, one-up verticalSYSkip Logic GroupPersonal info for shortherestvolassional10-17Radio button, one-up verticalSYPersonal info for shortherest21 and under10-17Radio button, one-up verticalSYPersonal age31 0.1710-17Radio button, one-up verticalSYPersonal age18 0.2410-16Radio button, one-up verticalSYPersonal age18 0.2410-17Radio button, one-up verticalSYPersonal age18 0.2410-1610-1610-1610-1610-1619 0.4410-1610-1610-1610-1610-1619 0.4410-1610-1610-1610-1610-1619 0.4410-1610-1610-1610-1610-1619 0.4510-1610-1610-1610-1610-1619 0.4510-1610-1610-1610-1610-1619 0.4510-1610-1610-1610-1610-1610 0.4510-1610-1610-1610-1610-1610 0.4610-1610-1610-1610-1610-1610 0.4610-1610-1610-1610-1610-1610 0.4610-1610-1610-1	Daily		,				
Adapting	Weekly						
very few months or less oftenCoreCor	Monthly						
Personal A1.3 protestional Dropown, select one B1.84 B1.84 Orgown, select one B1.84 Stype Logic Group Primary interestion print with the selection print with the selection prin with the selection print with the selection print with the se							
Professional B1-B4 Image: Conservent of the c	Personal	A1-A3	Drop down, select one	S	Y	Skip Logic Group	Primary interest
amily member rived amily member index amily mem	Professional	B1-B4	•				
Friend Image: Second	Yourself		Radio button, one-up vertical	S	Y		Personal info for
Friend Image: Second	Family member						
3 to 17	Friend						
3 to 17	12 and under		Radio button, one-up vertical	S	Y		Personal age
18 to 24 24	13 to 17						C C
55 0 34 She S4	18 to 24						
55 to 44 Image: Sto 54	25 to 34						
15 to 54 A4 Radio button, one-up vertical S Y Personal info topic Treatment and recovery A4 Radio button, one-up vertical S Y Personal info topic Treventing substance abuse problems A5 A6 S Y Personal info topic Treventing substance buse problems A6 A7 A7 Personal info topic Treventing substance buse problems A6 A7 A7 Personal info topic Treventing substance buse problems A6 A7 A7 Personal info topic Treventing substance buse problems A6 A7 A7 Personal info topic Treventing substance buse problems A8 A7 Personal info topic Personal info topic Treventing substance buse problems A8 A7 Personal info topic Personal info topic Treventing substance buse problems A8 A7 Personal info topic Personal info topic Treatment professional or facility A8 Checkbox, one-up vertical M Y Personal SA prevention Information about specific substances of abuse Fobic cocon Personal SA prevention	35 to 44						
55 to 64 Image: Constraint of the covery of the cover o							
S5 and older Image: mark of the second sec							
Treatment and recovery A4 A5 Preventing substance abuse problems Radio button, one-up vertical S Y Personal info topic Preventing substances abuse problems A6 A5 A6 A7 A7 Radio button, one-up vertical S Y Personal info topic Preventing mental illness/promoting mental wellness A7 A7 A7 Personal info topic Ditter, please specify A8 A7 A8 Personal info topic Personal info topic Ditter, please specify A8 A7 Personal info topic Personal info topic Ditter, please specify A8 A7 Personal info topic Personal info topic Ditter, please specify A8 A7 Personal info topic Personal info topic Ditter, please specify A7 A7 Personal info topic Personal info topic Ditter, please specify Checkbox, one-up vertical M Y Personal info topic Inderstanding different types of treatment Fersonal info topic Personal info topic Personal info topic Information about specific substances of abuse Fersonal info topic Personal info topic Personal info topic Negremanagemen							
A5 A5 <th< td=""><td></td><td>A4</td><td>Radio button, one-up vertical</td><td>S</td><td>Y</td><td></td><td>Personal info topic</td></th<>		A4	Radio button, one-up vertical	S	Y		Personal info topic
Af a preventing mental illness/promoting mental wellness Af a preventing mental wellness Af a prevention Ditions for paying for treatment professional or facility Free vertific mental illnesses Af a prevention M Y Personal treatment professional or facility Recovery support services (e.g., support groups) Information about specific webstances of abuse Checkbox, one-up vertical M Y Personal SA prevention Af prevention drugs Information about specific mental illnesses M Y Personal MH illness Vice substances (e.g., cocaine, heroin) M Y Personal MH illness Me prevention Sublying prevention Eating disorders Free vertifi							
Helping someone cope with and recover from a traumatic event A7 A8 A7 A7 A8 A7 A7 A7 A8 A7 A7 A7 A							
Date, please specify A8 Image: constraint of treatment Image: constraint of treatmen							
Depriors for paying for treatment Inderstanding different types of treatment dentifying a treatment professional or facility Recovery support services (e.g., support groups) Information about specific mental illnessesCheckbox, one-up vertical MMYPersonal treatment Personal treatment Mersonal treatment Mersonal treatment Mersonal sectionNeoholArriguana Prescription drugs Tobacco Ditter substances (e.g., cocaine, heroin)Checkbox, one-up vertical MMYPersonal SA prevention Personal SA preventionAnger management Sullying prevention Eating disorders PTSD CheckboxCheckbox, one-up vertical MMYPersonal MH illnessStress management Stress management Sulcide preventionStress management Stress management Stress management Stress managementMYPersonal MH illnessNucled preventionStress management Stress managementMYYStress management Stress management Stress management Stress management Stress managementMYPersonal MH illnessStress management Stress management Stress management Stress managementMYNYStress management Stress managementStress management Stress management							
Jnderstanding different types of treatment Anderstanding different types of treatment Feed See See See See See See See See See			Checkbox, one-up vertical	М	Y		Personal treatment
dentifying a treatment professional or facility Recovery support services (e.g., support groups) Recovery support services (e.g., support groups) nformation about specific substances of abuse nformation about specific mental illnesses Recovery support services (e.g., support groups) Nachol Aerijuana Recovery support services (e.g., cocaine, heroin) M Y Personal SA prevention Anger management Checkbox, one-up vertical M Y Personal MH illness Naxiety or depression Schizophrenia Checkbox, one-up vertical M Y Personal MH illness Schizophrenia Schizophrenia Schizophrenia K <td></td> <td></td> <td>, ,</td> <td></td> <td></td> <td></td> <td></td>			, ,				
Recovery support services (e.g., support groups) Image: support services (e.g., support groups) Information about specific substances of abuse Image: support services (e.g., support groups) Information about specific mental illnesses Checkbox, one-up vertical M Y Personal SA prevention Addiuana Prescription drugs Checkbox, one-up vertical M Y Personal SA prevention Tobacco Dither substances (e.g., cocaine, heroin) Checkbox, one-up vertical M Y Personal SA prevention Anger management Anger management Checkbox, one-up vertical M Y Personal MH illness Sullying prevention Eating disorders TSD M Y Personal MH illness Schizophrenia Schizophrenia Schizophrenia Schizophrenia Schizophrenion Schizophrenion Suicide prevention Schizophrenia Schizophrenia Schizophrenia Schizophrenia Schizophrenia Schizophrenia							
Information about specific substances of abuse Image: Specific substances of abuse Image: Specific mental illnesses Nacohol Arijuana Checkbox, one-up vertical M Y Personal SA prevention Ararijuana Prescription drugs Image: Specific substances (e.g., cocaine, heroin) Personal SA prevention Personal SA prevention Anger management Anxiety or depression Image: Specific substances (e.g., cocaine, heroin) Personal MH illness Sullying prevention Eating disorders Checkbox, one-up vertical M Y Personal MH illness TTSD Schizophrenia Schizophrenia Fresenangement Image: Specific substances (e.g., cocaine, heroin) Image: Specific substances (e.g., cocaine, heroin) Image: Specific substances (e.g., cocaine, heroin) Personal MH illness Schizophrenia Stress management Specific substances (e.g., cocaine, heroin) Image: Specific substances (e.g., cocaine							
Information about specific mental illnesses Image: Checkbox, one-up vertical M Y Personal SA prevention Alcohol Checkbox, one-up vertical M Y Personal SA prevention Agriguana Checkbox, one-up vertical M Y Personal SA prevention Prescription drugs Checkbox, one-up vertical M Y Personal SA prevention Cobacco Checkbox, one-up vertical M Y Personal SA prevention Anger management Checkbox, one-up vertical M Y Personal MH illness Anxiety or depression Sullying prevention M Y Personal MH illness Sullying prevention Schizophrenia F Checkbox, one-up vertical M Y Personal MH illness Stress management Schizophrenia F							
Alcohol Arijuana Marijuana							
Marijuana Prescription drugs Fob acco Fob acco <td>Alcohol</td> <td></td> <td>Checkbox, one-up vertical</td> <td>М</td> <td>Y</td> <td></td> <td>Personal SA prevention</td>	Alcohol		Checkbox, one-up vertical	М	Y		Personal SA prevention
Prescription drugs Image: Stances (e.g., cocaine, heroin) Other substances (e.g., cocaine, heroin) Image: Stances (e.g., cocaine, heroin) Anger management M Anger management M Anxiety or depression M Bullying prevention Eating disorders PTSD Schizophrenia Schizophrenia Stress management Suicide prevention M Suicide prevention M			,,				
Tobacco Image: Section (e.g., cocaine, heroin)							
Dther substances (e.g., cocaine, heroin) Image: Cocaine, heroin) Image: Cocaine, heroin) Anger management Anxiety or depression M Y Personal MH illness Anxiety or depression Bullying prevention M Y Personal MH illness Baulying prevention Eating disorders PTSD FTSD FTSD FTSD Schizophrenia Stress management Fullying prevention FTSD FTSD FTSD FTSD Stress management Stress management FTSD FTSD FTSD FTSD FTSD							
Anger management Checkbox, one-up vertical M Y Personal MH illness Anxiety or depression Bullying prevention Eating disorders PTSD Schizophrenia Extress management Suicide prevention Extress management Extreme Extre							
Anxiety or depression Bullying prevention Eating disorders PTSD Schizophrenia Stress management Suicide prevention			Checkbox, one-up vertical	М	Y		Personal MH illness
Bullying prevention Eating disorders PTSD Schizophrenia Stress management Suicide prevention							
Eating disorders PTSD Schizophrenia Stress management Suicide prevention Stress management Stress mana							
PTSD Schizophrenia Stress management Suicide prevention							
Schizophrenia							
Stress management Suicide prevention							
Suicide prevention							
	Death of a loved one		Checkbox, one-up vertical	М	Y		Personal trauma

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pink: ADDITION

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						
Vatural 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						
Ionprofit/community-based organization/coalition						
chool/university						
/ilitary/veterans group						
Criminal justice/courts						
lealth insurer						
luman resources/employee assistance program						
Dther						
Professional education for self/colleagues		Radio button, one-up vertical	S	Y		Professional info for
Ise with patients/clients		,	_			
Jse within classroom/youth setting						
ublic awareness campaign/event						
Den de la company de						
.2 and under		Radio button, one-up vertical	S	Y		Professional age
3 to 17						
8 to 24						
5 to 34						
5 to 44						
5 to 54						
5 to 64						
5 and older						
ffordable Care Act (e.g., health reform, parity)	B5	Radio button, one-up vertical	S	Y		Professional info topic
reatment and recovery	B6					
ubstance abuse prevention	B7					
reventing mental illness/promoting mental wellness	B8					
rauma	В9					
Other, please specify	B10					
Reimbursement for behavioral health services		Checkbox, one-up vertical	М	Y		Professional ACA
Enrolling patients/clients in health insurance exchanges or Medicaid/Medicare						
Dther						
Patient/client educational materials		Checkbox, one-up vertical	М	Y		Professional treatment
Evidence based practices						
nformation for working with specific populations						
nformation about specific substances of abuse						
nformation about specific mental illnesses						
Alcohol		Checkbox, one-up vertical	М	Y		Professional SA prevention

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pink: ADDITION

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						- Q
Prescription drugs						
Fobacco						
<u></u>						
Parenting/family resources						
Anger management		Checkbox, one-up vertical	М	Y		Professional MH illness
Bullying prevention						
Eating disorders						
Aood disorders						
PTSD						
Schizophrenia						
Stress management						
Suicide prevention						
Parenting/family resources						
Grief		Checkbox, one-up vertical	М	Y		Professional trauma
Physical or sexual abuse						
latural disaster						
Ass violence						
Post-military deployment						
		Text area, no char limit		N		Professional other info
/es		Drop down, select one	S	Y		Find info
10			U U			
Partially						
Still looking						
/ery satisfied		Drop down, select one	S	Y	Skip Logic Group	Content satisfaction
Somewhat satisfied					emp regio eroup	
No opinion						
Somewhat dissatisfied	A					
/ery 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	М	Y		Device type
Fablet or e-reader (e.g., iPad, Kindle, Nook)						
Smartphone (e.g., iPhone or similar devices with web access)						
Cell phone						
Tamala	I	Dron down aslast star		N1		Conden
		Drop down, select one	S	N		Gender
Prefer not to respond						
L7 and under		Drop down, select one	S	N		Age
8 - 24						
25 - 34			1			

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pink: ADDITION

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		31- (-		
45 - 54						
55 - 64						
55 and over						
Prefer not to respond						
Current middle or high school student		Drop down, select one	S	N		Education
Did not complete high school			U U			
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		Drop down, select one	5			Jac
Arizona						
Arkansas						
California						
Colorado						
Connecticut						
Delaware						
Florida						
Georgia						
Hawaii						
daho						
Illinois						
ndiana						
lowa						
Kansas						
Kentucky						
Louisiana						
Maine						
Maryland						
Massachusetts						
Michigan						
Minnesota						
Mississippi						
Missouri						
Montana						
Nebraska						
Nevada						
New Hampshire						

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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	1					
Utah						
Vermont	1					
Virginia	1					
Washington						
Washington D.C.	1					
West Virginia	1					
Wisconsin	1					
Wyoming	1					
Prefer not to respond	1					
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 Skip (Group Logic Answer IDs (DOT ID) Label **Question Text** ONLY) MAC1878 How frequently do you visit the SAMHSA Store? MAC1878A01 MAC1878A02 MAC1878A03 MAC1878A04 MAC1878A05 MAC1879 What is your primary interest in substance abuse MAC1879A01 and mental health topics? MAC1879A02 MAC1880 A1 For whom are you looking up information and MAC1880A01 resources? MAC1880A02 MAC1880A03 MAC1881 A2 What is the **age** of the person for whom you are MAC1881A01 seeking resources? MAC1881A02 MAC1881A03 MAC1881A04 MAC1881A05 MAC1881A06 MAC1881A07 MAC1881A08 MAC1882 A3 Are you primarily looking for information on any MAC1882A01 of the following topics? MAC1882A02 MAC1882A03 MAC1882A04 MAC1882A05 MAC1883 Please specify the **topic of interest** for treatment Α4 MAC1883A01 and recovery. (Check all that apply) MAC1883A02 MAC1883A03 MAC1883A04 MAC1883A05 MAC1883A06 MAC1884 A5 Please specify the **topic of interest** for substance MAC1884A01 abuse prevention. (Check all that apply) MAC1884A02 MAC1884A03 MAC1884A04 MAC1885 A6 Please specify the topic of interest for preventing MAC1885A01 mental illness and promoting mental wellness. (Check all that apply) MAC1885A02

			MAC1885A03
			MAC1885A04
			MAC1885A05
			MAC1885A06
			MAC1885A07
			MAC1885A08
MAC1886	A7	Please specify the topic of interest for trauma	MAC1886A01
INIAC1000	A1	recovery. (Check all that apply)	MACIOUAUI
			MAC1886A02
			MAC1886A03
			MAC1886A04
144 04 007	• • •		MAC1886A05
MAC1887	A8	Please specify other information looking for.	
MAC1000	D 1	What hast describes your experimetion type?	MAC1000A01
MAC1888	B1	What best describes your organization type?	MAC1888A01
			NA 01000 A00
			MAC1888A02
			MAC1888A03
			MAC1888A04
			MAC1888A05
			MAC1888A06
			MAC1888A07
			MAC1888A08
			MAC1888A09
			MAC1888A10
MAC1889	B2	For whom are you primarily looking for information	MAC1889A01
		and resources?	
			MAC1889A02
			MAC1889A03
			MAC1889A04
			MAC1889A05
MAC1890	B3	Which of the following best describes the age of	MAC1890A01
INIAC1000	5	your patients, clients, or students?	MACIOJOAOI
			MAC1890A02
			MAC1890A02 MAC1890A03
			MAC1890A03 MAC1890A04
			MAC1890A05
			MAC1890A06
			MAC1890A07
			MAC1890A08
MAC1891	B4	Were you primarily looking for information on	MAC1891A01
		any of the following topics?	
			MAC1891A02
			MAC1891A03
			MAC1891A04
			MAC1891A05
			MAC1891A06
MAC1892	B5	Please specify the topic of interest for Affordable	MAC1892A01
		Care Act. (Check all that apply)	
			MAC1892A02
			MAC1892A03
MAC1893	B6	Please specify the topic of interest for treatment	MAC1893A01
		and recovery. (Check all that apply)	

			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	B 8	Please specify the topic of interest for preventing mental illness and promoting mental wellness.	MAC1895A01
		(Check all that apply)	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	MAC1899A01
		available?	
		available?	MAC1899A02
		available?	MAC1899A02
		available?	MAC1899A03
		available?	MAC1899A03 MAC1899A04
MAC1900	A	Please tell us how our products and resources	MAC1899A03
MAC1900 MAC1901	A	Please tell us how our products and resources could be improved . What services could this agency provide to better	MAC1899A03 MAC1899A04
	A	Please tell us how our products and resources could be improved . What services could this agency provide to better serve you? Please specify the types of electronic devices you	MAC1899A03 MAC1899A04 MAC1899A05
MAC1901	A	Please tell us how our products and resources could be improved . What services could this agency provide to better serve you?	MAC1899A03 MAC1899A04 MAC1899A05 MAC1902A01
MAC1901	A	Please tell us how our products and resources could be improved . What services could this agency provide to better serve you? Please specify the types of electronic devices you	MAC1899A03 MAC1899A04 MAC1899A05 MAC1902A01 MAC1902A02
MAC1901	Α	Please tell us how our products and resources could be improved . What services could this agency provide to better serve you? Please specify the types of electronic devices you	MAC1899A03 MAC1899A04 MAC1899A05 MAC1902A01
MAC1901	A	Please tell us how our products and resources could be improved . What services could this agency provide to better serve you? Please specify the types of electronic devices you	MAC1899A03 MAC1899A04 MAC1899A05 MAC1902A01 MAC1902A02
MAC1901 MAC1902		Please tell us how our products and resources could be improved . What services could this agency provide to better serve you? Please specify the types of electronic devices you	MAC1899A03 MAC1899A04 MAC1899A05 MAC1902A01 MAC1902A02 MAC1902A03 MAC1902A04
MAC1901 MAC1902		Please tell us how our products and resources could be improved . What services could this agency provide to better serve you? Please specify the types of electronic devices you use. (Check all that apply)	MAC1899A03 MAC1899A04 MAC1899A05 MAC1902A01 MAC1902A02 MAC1902A03 MAC1902A04
MAC1901 MAC1902 The follo		Please tell us how our products and resources could be improved . What services could this agency provide to better serve you? Please specify the types of electronic devices you use. (Check all that apply) demographics questions are entirely opti	MAC1899A03 MAC1899A04 MAC1899A05 MAC1902A01 MAC1902A02 MAC1902A03 MAC1902A04 onal and will be

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	MAC1905A01
1111 101000	level of education you have completed?	
		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
		MAC1906A25
		MAC1906A26 MAC1906A27
		MAC1906A27 MAC1906A28
		MAC1906A28 MAC1906A29
		MAC1906A29 MAC1906A30
		MAC1906A31
		MAC1906A32
		MAC1906A33
		MAC1906A34
		MAC1906A35
		MAC1906A36

I I		
		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 <u>underlined & italicized</u>: RE-ORDER pink: ADDITION blue + -->: REWORDING

tore 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	М	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	М	Y
Illegal substances (e.g., marijuana, cocaine)				
Prescription drugs				
Tobacco				
Anger management		Checkbox, one-up vertical	М	Y
Anxiety or depression				

Bullying prevention	1			
Eating disorders	-			
PTSD	-			
Schizophrenia	-			
Stress management	-			
Suicide prevention	-			
•		Chaelthey and up	N 4	N N
Death of a loved one		Checkbox, one-up vertical	М	Y
Physical or sexual abuse				
Natural disaster				
Mass violence				
Post-military deployment				
		Text area, no char limit		Ν
Behavioral health treatment facility		Radio button, one-up vertical	S	Y
Other health care facility (e.g., primary care)		rontout		
Government office				
Nonprofit/community-based	-			
organization/coalition				
School/university	-			
Military/veterans group	-			
	-			
Criminal justice/courts				
Health insurer	-			
Human resources/employee assistance				
program	-			
Other		Dealling has the second second	0	Y
Professional education for self/colleagues		Radio button, one-up vertical	S	Y
Use with patients/clients	1			
Use within classroom/youth setting				
Public awareness campaign/event	_			
Other				
12 and under		Radio button,one-up vertical	S	Y
13 to 17	1			
18 to 24				
25 to 34	1			
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	М	Y
Enrolling patients/clients in health insurance exchanges or Medicaid/Medicare				
Other				
Patient/client educational materials	_	Checkbox, one-up	M	Y

Evidence based practices				
Information for working with specific populations				
	2			
Information about specific substances of abuse	-			
Information about specific mental illnesses	1			
Alcohol		Checkbox, one-up	М	Y
		vertical		
Illegal substances (e.g., marijuana, cocaine)	1			
Prescription drugs				
Tobacco				
Parenting/family resources				
Anger management		Checkbox, one-up vertical	М	Y
Bullying prevention				
Eating disorders				
Mood disorders				
PTSD				
Schizophrenia				
Stress management				
Suicide prevention	1			
Parenting/family resources				
Grief		Checkbox, one-up	М	Y
	-	vertical		
Physical or sexual abuse	-			
Natural disaster	-			
Mass violence	-			
Post-military deployment		Tout area no abor limit		NI
		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	1			
No opinion	1			
Somewhat dissatisfied	A			
Very dissatisfied	A			
		Text area, no char limit		N
		Text area, no char limit		N
Deskton or lanton computer		Checkboy one up	М	Y
Desktop or laptop computer		Checkbox, one-up vertical	IVI	T
Tablet or e-reader (e.g., iPad, Kindle, Nook)	1			
Smartphone (e.g., iPhone or similar devices with web access)				
Cell phone				
used for statistical purpose only.	1			
u sed for statistical purpose only. Female		Drop down, select one	S	N
Female		Drop down, select one	S	Ν
		Drop down, select one	S	Ν

17 and under		Drop down, select one	S	Ν
18 - 24				
25 - 34				
35 - 44				
45 - 54				
55 - 64				
65 and over				
	-			
Prefer not to respond		Duran davan andra davan		
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	1			
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	1			
Louisiana				
Maine				
Maryland				
Massachusetts				
Michigan				
Minnesota				
Mississippi	-			
Missouri	-			
Montana				
Nebraska				
Nevada				
New Hampshire				
New Jersey				
New Mexico	ļ			
New York				
North Carolina				
North Dakota	1			
Ohio	1			
Oklahoma	1			
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Oregon			I I
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
	VISILS
Skip Logio	Drimon (interact
Skip Logic Group	Primary interest
	Personal info for
	Personal age
	Personal info
	topic
	Personal
	treatment
	Personal SA
	prevention
	Personal MH
	illness

Personal trauma
Personal trauma
Personal other
info
Organization type
Professional info
for
Drofossional aga
Professional age
Professional info
Professional info
Professional info topic
Professional info
Professional info topic
Professional info topic
Professional info topic
Professional info topic
Professional info topic Professional ACA
Professional info topic

	Drofossianal CA
	Professional SA prevention
	prevention
	Professional MH
	illness
	Professional
	trauma
	uadina
	Professional
	other info
	Find info
Skip Logic	Content satisfaction
Group	Sausiaction
	Improve products
	Other services
	wanted
	Device type
	Gender
1	
	L

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Age
Education
State
Sidio

Living area
Ethnicity
Race