### **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:"
- <sup>2</sup> 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.

2 Navigation - Options       Please rate the options available for navigating this site.       17 Satisfaction - Expectations         3 Navigation - Layout       Please rate how well the site layout helps you find what you are looking for.       18 Satisfaction - Ideal         4 Site Performance - Loading       Please rate how quickly pages load on this site.       18 Satisfaction - Ideal         5 Site Performance - Consistency       Please rate the consistency of speed from page to page on this site.       18 Satisfaction - Ideal         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.       Site Information in Context and able this site's information is.         9 Site Information - Answers       Please rate the visual appeal of this site.       Please rate the visual appeal of this site.         0 Look and Feel - Appeal       Please rate the visual appeal of this site.       Please rate the visual appeal of this site.         1 Look and Feel - Appeal       Please rate the ability to sort information by criteria that are important to you on this site.       Information Browsing (1=Poor, 10=Excellent, Don't Know)         2 Look and Feel - Appeal       Please rate the balance of graphics and text on this site.       Information Browsing (1=Poor, 10=Excellent, Don't Know)         Please rate the ability to sort i	:	7/16/2013		
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	15 Product Browsing - Features	Please rate how well the <b>features</b> on the site <b>help you find the</b>		

## red & strike-through: DELETE

## underlined & italicized: RE-ORDER

pink: ADDITION

### blue + -->: REWORDING

Store V2		
lology to determine scores and impacts		
CUSTOMER SATISFACTION		FUTURE BEHAVIORS
Satisfaction		Return (1=Very Unlikely, 10=Very Likely)
What is your <b>overall satisfaction</b> with this site? (1=Very Dissatisfied, 10=Very Satisfied)	19Return	How likely are you to <b>return</b> to this site?
How well does this site <b>meet your expectations</b> ? (1=Falls Short, 10=Exceeds)		Recommend (1=Very Unlikely, 10=Very Likely)
How does this site <b>compare to your idea of an ideal website</b> ? (1=Not Very Close, 10=Very Close)	20 Recommend	How likely are you to <b>recommend</b> 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 <b>primary resource</b> for obtaining information and ordering publications from this agency?
	Т	

Model Instance Name:		

AKR5830

AKR5831

AKR5832

J

A2

A3

Other family member.

Age of person seeking information for:

What is your **specific interest** in?

MID: AlJRpZ1w1xJYE9MMtg8JdA==

Date: 8/31/2010

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

#### SAMHSA NMHIC CUSTOM QUESTION LIST Skip QID Logic Answer Choices (Group ID) Label (limited to 50 characters) Skip to **Ouestion Text** AKR5822 Is your primary interest in Substance Abuse and Mental Health: Personal А 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 С Other, please specify: AKR5826 С Please specify what you are looking for. AKR5827 A1 am seeking information and/or service(s) for: Myself A family member н 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 If family member, **who** are you seeking information for? Child Т Parent Sibling Spouse J Other, please specify:

Children <12 years

Prevention programs

Teens 13-17 Adults 18-26 Adults 27-35 Adults 36-44 Adults 45-53 Adults 54-64 Adults 65+

Mod	el i	nsta	nce	Name:
widd		11310	IICC.	nume.

MID: AlJRpZ1w1xJYE9MMtg8JdA==

Date: 8/31/2010

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#### SAMHSA NMHIC CUSTOM QUESTION LIST Skip QID Logic Answer Choices (limited to 50 characters) Skip to (Group ID) Label **Ouestion Text** Support programs Treatment Options Treatment Financing Other, please specify: κ AKR5833 κ 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: L Not applicable AKR5835 Other alcohol or substance abuse topics. L 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 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 Criminal justice/legal professional

Educator/school teacher

Model Instance Name:	<del>red &amp; strike-through</del> : DELETE
SAMHSA NMHIC	<u>underlined &amp; italicized</u> : RE-ORDER
MID: AlJRpZ1w1xJYE9MMtg8JdA==	pink: ADDITION
Date: 8/31/2010	blue +>: REWORDING

AKR5846

EDO05887

Other source

What **area(s)** of the site did you visit today?

Α

	SAMHSA NMHIC CUSTOM QUESTION LIST					
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 <b>immediate</b>	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 <b>frequently</b> 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 <b>find out</b> 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 place specify:	•		

Other, please specify:

Issues, Conditions & Disorders

Α

Model Instance Name:	<del>red &amp; strike-through</del> : DELETE
SAMHSA NMHIC	underlined & italicized: RE-ORDER
MID: AlJRpZ1w1xJYE9MMtg8JdA==	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 t
,			Contact Us	·
			En Espanol	
			Location	
			Most Popular	
			My account	
			New Products	
			Professional & Research Topics	
			Register Now	
			Stay Connected	
			Substance	
			Timely	
			Treatment, Prevention & Recovery	
			Other	
AKR5847		Which of the following is the <b>reason</b> for your current visit to the	Find phone/email contact information	
AI(I\3047			Order publications	
			Register our organization	
			Sign up for email updates	
			Substance abuse and/or mental health information	
			Other, please specify:	
AKR5848 AKR5849	A	Other reason	Site's search feature	
AKR5849		What <b>method</b> did you primarily use today to find your information?		
			Advanced search	
			Top navigation bar	
			Quick link in the pages	
			Site map	
			Just browsed the pages	
			Other, please specify:	A
AKR5850	A	Other method		
AKR5851		Did you use any of the following treatment locators?	Mental Health Services Locator	
			Substance Abuse Treatment Facility Locator	
			Not at this time	
AKR5852		Did you <b>find</b> what you were looking for?	Yes	
			No	A
			Partially	A
			Still looking	Α
AKR5853	Α	If you could not find what you were looking for, what was it?		
		Do you ever share information from this site with others using any of	Blogs	A
AKR5856		po you over endre information nom and site war ealers doing any or		
AKR5856			MySnace	
AKR5856			MySpace Facebook	_
AKR5856			MySpace Facebook Twitter	

Model	Instance	Name
NUULEI	molance	iname.

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Date: 8/31/2010

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### SAMHSA NMHIC CUSTOM QUESTION LIST Skip QID Logic Answer Choices (Group ID) **Question Text** (limited to 50 characters) Skip to Label Word-of-mouth Other, please specify: AKR5857 Α 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: Α AKR5866 Α Other interaction AKR5869 What **services** could this agency provide to better serve you? AKR5870 If you could **improve one thing** about this site, what would it be? AKR5871 Please rate your impression of how well this agency **encourages** 1=Poor 2 3 4 5 6 7 8 C 10=Excellent Not sure AKR5872 Please rate how well this website **solicits public input on important** 1=Poor 2 3 4 5

6

Model Instance Name:

SAMHSA NMHIC

MID: AIJRpZ1w1xJYE9MMtg8JdA==

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

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			SAMHSA NMHIC CUSTOM QUESTION LIST	
QID (Group ID)	Skip Logic Label	Question Text	Answer Choices (limited to 50 characters)	Skip to
			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 <b>living</b> in a:	Urban area	
			Rural area	
			Don't know	
AKR5878		For statistical purposes only, what is your <b>zip code</b> ?		
AKR5879		How do you describe your <b>ethnicity</b> ?	Hispanic	
,			Non-Hispanic	
			I prefer not to respond	
AKR5880		How do you describe your race?	American Indian or Alaska Native	
			Asian or Pacific Islander	
			African American or Black	
	1		White	

Model	Instance	Name:

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QID (Group ID)	Skip Logic Label	Question Text	Answer Choices (limited to 50 characters)	Skip to
			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 <b>typically use</b> the Internet for?	Research	
			News	
			Email	
			Work	
			Connecting	
			Watching videos	
			Listening to music	
			Other, please specify:	Α
AKR5883	Α	Other Internet usage		
AKR5884		What is your internet connection speed?	Dial-up	
			Broadband	
			DSL	
			Don't know	

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

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

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
	Multi S S	MultiY/NMultiY/NNNSYNNSYNNSY	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 Y		Other reason
Radio button, one-up vertical	S	Ŷ		Method
Text area, no char limit		N		Other method
Drop down, select one	S	Y		Locators
Radio button, one-up vertical	S	Y		Find info
Text area, no char limit		N		No info found
		IN		
Radio button, one-up vertical	S	Y		Options to share

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

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

Type (select from list)	Single or Multi	Required Y/N	Special Instructions	CQ Label
Drop down, select one	S	N		Living area
Tout field <100 abor		NI		Zip oodo
Text field, <100 char Drop down, select one	S	N N		Zip code Ethnicity
,	-			
Drop down, select one	S	N		Race
Brop down, Select one	5	IN		1 acc

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

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QID (Group ID)	Skip Logic Label	Question Text	Answer Choices (limited to 50 characters)	Skip to
AKR5822		Is your <b>primary interest</b> in Substance Abuse and Mental Health:	Personal	A
			Professional	В
AKR5823		Is the <b>primary focus</b> 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	I
			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	1	If family member, <b>who</b> 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	1
			Adults 54-64	
			Adults 65+	
AKR5832	A3	What is your specific interest in?	Prevention programs	

	ce Name:

AKR5839

AKR5840

Е

**B2** 

Others seeking publication(s) or information for.

Please check the box below that best describes your occupation:

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#### SAMHSA NMHIC CUSTOM QUESTION LIST Skip QID Logic Answer Choices (Group ID) (limited to 50 characters) Skip to Label **Ouestion Text** Support programs Treatment Options Treatment Financing Other, please specify: κ AKR5833 κ 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: L Not applicable AKR5835 L Other alcohol or substance abuse topics. AKR5836 A5 If looking for **mental health** information, what **specific topics** are you Anger Anxiety Bullying Depression PTSD Stress/Anxiety Suicide Other, please specify: М Not applicable AKR5837 Other mental health topics. Μ 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:

Clinician/medical professional Cleric/faith community worker

Corporate finance/operations employee Criminal justice/legal professional

<u>Consultant</u>

Model Instance Name:	Иode	l Insta	nce Na	ame:
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QID (Group ID)	Skip Logic Label	Question Text	Answer Choices (limited to 50 characters)	Skip to
			Educator/school teacher	
			Librarian/information worker	
			Media/public relations professional/worker	
			Policy advocate/lobbyist	
			Program or service provider/worker	
			<u>Researcher</u>	
			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	
			<u>Client/patient homes</u>	
			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 <b>find out</b> 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	
			<u>Ste bookmarked</u>	-
				- A
	•	Other course		A
AKR5846	A	Other source	Other, please specify:	

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QID (Group ID)	Skip Logic Label	Question Text	Answer Choices (limited to 50 characters)	Skip to
EDO05887		What <b>area(s)</b> of the site did you visit today?	Issues, Conditions & Disorders	
			<u>Contact Us</u>	
			<u>En Espanol</u>	
			<u>Location</u>	
			<u>Most Popular</u>	
			<u>My account</u>	_
			New Products	_
			Professional & Research Topics	_
			Register Now	_
			Stay Connected	_
			<u>Substance</u>	_
			<u>Timely</u>	_
			Treatment, Prevention & Recovery	_
			Other	
AKR5847		Which of the following is the <b>reason</b> for your current visit to the	Grant/funding opportunities	_
			Find information on a specific drug	_
			Research information by audience	_
			Research information by issues/topic	_
			Get help for mental health problems	_
			Find a prevention program	_
			Find a drug treatment program	_
			Latest national drug abuse surveys/statistics and data	-
			Get latest news/press releases	_
			Find phone/email contact information	_
			Order publications	_
			Register our organization	_
			Sign up for email updates Substance abuse and/or mental health information	-
			Other, please specify:	-
AKR5848	A	Other reason	Other, please specify.	
AKR5849	A	What <b>method</b> did you primarily use today to find your information?	Site's search feature	
AKK3049		What method did you primarily use today to find your miorination?	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		
AKR5851		Did you use any of the following features treatment locators?	Mental Health Services Locator	
			Substance Abuse Treatment Facility Locator	
			Not at this time	

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QID (Group ID)	Skip Logic Label	Question Text	Answer Choices (limited to 50 characters)	Skip to
AKR5852		Did you <b>find</b> what you were looking for?	Yes No Partially Still looking	A A A
AKR5853	Α	If you could not find what you were looking for, what was it?		
AKR5854		How do you prefer to access SAMHSA's publications and other	Online and place order to receive hard copies by mail Online and view web page (ex HTML format) Online and print (ex download PDF version or printer-friendly format) Call and speak to an Information Specialist Send an email to request information or ask a question Other	A
AKR5855	A	If you selected "Other" to the question above, please describe how you would like to access SAMHSA's publications and other information.	-	
AKR5856		Do you <b>ever share</b> information from this site with others using any of	Blogs MySpace Facebook Twitter Email Word-of-mouth Other, please specify:	
AKR5857	A	Other options.		
AKR5858		Do you <b>ever use</b> the site's " <b>Share <del>this</del></b> " button to share information you	Yes No Not sure	
AKR5859		How would you rate your familiarity with the following?	View and contribute often View often and contribute occasionally View often but don't contribute View and contribute occasionally View occasionally but don't contribute I'm familiar with, but don't own a page No familiarity	
AKR5860		Twitter 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 View and contribute often	

Model Instance Name:		

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QID Group ID)	Skip Logic Label	Question Text	Answer Choices (limited to 50 characters)	Skipt
			View often and contribute occasionally	
			View often but don't contribute	
			View and contribute occasionally	
			View occasionally but don't contribute	
			l'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	
			l'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>Del.icio.us</del>	View and contribute often	
AI(1\3004			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 <b>most like to interact</b> 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	А	Other interaction		

Mod	lel I	Inst	tance	e Na	me:

AKR5875

MID: AIJRpZ1w1xJYE9MMtg8JdA==

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#### SAMHSA NMHIC CUSTOM QUESTION LIST Skip QID Logic Answer Choices (Group ID) Label (limited to 50 characters) **Ouestion Text** Skip to AKR5867 Would you participate in a public forum on this website if offered? Yes A ₩ 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 3 4 5 6 7 8 g 10=Excellent Not sure AKR5872 Please rate how well this website **solicits public input on important** 1=Poor 2 3 Δ 5 6 7 8 Q 10=Excellent AKR5873 What is your **gender**? Female Male prefer not to respond AKR5874 17 and under Please select the category that includes your age. 18 - 24 25 - 34

35 - 44 45 - 54 55 - 64 65 and over

Which of the following best describes the highest level of education

prefer not to respond

Current middle or high school student Did not complete high school High school graduate

/lodel	Instand	ce Name:	
nouor	in o tain		

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QID Group ID)	Skip Logic Label	Question Text	Answer Choices (limited to 50 characters)	Skip
	Laber	Question Text	Some college/vocational school	Onip
			College graduate	-
			Some postgraduate school	-
			Graduate/professional degree	-
			MD/PhD	-
			Prefer not to respond	
AKR5876		What <b>state</b> 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	1
			New Hampshire	
			New Jersey	1
			New Mexico	1
			New York	1
			North Carolina	1
			North Dakota	1
			Ohio	1
				-
				-
			Oklahoma Oregon	

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Date: 8/31/2010

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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 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 American Indian or Alaska Native How do you describe your race? 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 Listening to music Other, please specify: А AKR5883 Α Other Internet usage AKR5884 What is your internet connection speed? Dial-up

### Foresee Results - Confidential and Proprietary

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			SAMHSA NMHIC CUSTOM QUESTION LIST	
QID (Group ID)	Skip Logic Label	Question Text	Answer Choices (limited to 50 characters)	Skip to

Broadband DSL Don't know

Foresee Results - Confidential and Proprietary

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

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

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

Type (select from list)	Single or Multi	Required Y/N	Special Instructions	CQ Label
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
<del>Text area, no char limit</del>		N		Other preferred
				access
Radio button, one-up vertical	S	Y		Options to share information
Text area, no char limit		N		Other options
Text alea, no chai limit		IN		for info sharing
Drop down, select one	S	Y		Share button
Drop down, select one	S	N	Adjust template/style	Facebook
			sheet	
Drop down, select one	S	N	Adjust	Twitter
Brop down, select one			template/style sheet	T WILLET
			0.000	
Drop down, select one	S	N	Adjust	Flickr

Type (select from list)	Single or Multi	Required Y/N	Special Instructions	CQ Label
			template/style sheet	
Drop down, select one	S	N	Adjust template/style sheet	MySpace
Drop down, select one	S	N	Adjust template/style	YouTube
			<del>sheet</del>	
Drop down, select one	S	N	Adjust template/style sheet	Del.icio.us
Checkbox, one-up vertical	M	Y		Interaction with site
Text area, no char limit		N		Other site interaction

Type (select from list)	Single or Multi	Required Y/N	Special Instructions	CQ Label
Drop down, select one	S	¥		Public forum
Text area, no char limit		N		Public forum topics
Text area, no char limit		Ν		Other service 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
Drop down, select one	S	N		Education

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

Type (select from list)	Single or Multi	Required Y/N	Special Instructions	CQ Label
Drop down, select one	S	Ν		Living area
Text field, <100 char		N		Zip code
Drop down, select one	S	N		Ethnicity
Dana davana a sla sta sa s		N		
Drop down, select one	S	Ν		Race
Drop down, select one	S	Ν		Internet hours
Checkbox, one-up vertical	М	Y		Internet usage
Tout area no abar limit		N		Other internet
Text area, no char limit		Ν		usage

Type (select from list)	Single or	Required	Special	CQ Label
	Multi	Y/N	Instructions	connection

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		First time	
		visit the SAMHSA	MAC1878A02	Daily	
		Store?	MAC1878A03	Weekly	
			MAC1878A04	Monthly	
			MAC1878A05	Every few months or less often	
MAC1879		What is your <b>primary</b> interest in substance	MAC1879A01	Personal	A1-A3
		abuse and mental	MAC1879A02	Professional	B1-B4
MAC1880	A1	For Whom are you looking up information	MAC1880A01	Yourself	
		and resources?	MAC1880A02	Family member	
			MAC1880A03	Friend	
MAC1881	A2	What is the <b>age</b> 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 <b>primarily</b> looking for	MAC1882A01	Treatment and recovery	A4
		<b>information</b> 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	Α7
			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	MAC1885A03	Bullying prevention	
		mental wellness. (Check all that apply)	MAC1885A04	Eating disorders	
		(Check all that apply)	MAC1885A05	PTSD	
			MAC1885A06	Schizophrenia	
			MAC1885A07	Stress management	
			MAC1885A08	Suicide prevention	
MAC1886	Α7	Please specify the <b>topic of interest</b> 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 <b>other</b> <b>information</b> looking for.			
MAC1888	B1	What best describes your <b>organization</b>	MAC1888A01	Behavioral health treatment facility	
		type?		Criminal justice/courts	
				Health insurer	
				Human resources/employee assistance program	
				Individual or group private practice	
				Managed care/insurance company office	
				Military/veterans group	
				Nonprofit/community-based organization/coalition	
			MAC1888A02	Non-residential/out-patient facility	
			MAC1888A05	Public place/Interacting in community	
			MAC1888A06	Residential/in-patient facility	
				· · · · · · · · · · · · · · · · · · ·	
			MAC1888A08	School/university	
			MAC1888A08 MAC1888A10	School/university Other	A

MAC1889	B2	For whom are you	MAC1889A01	Professional education for	
		primarily looking for		self/colleagues	
		information and resources?	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	MAC1890A01	12 and under	
MACI030	05	best describes the <b>age</b>			
		of your patients,		10 += 17	
		clients, or students?	MAC1890A02	13 to 17	
			MAC1890A03	18 to 24	
			MAC1890A04	25 to 34	
			MAC1890A05	35 to 44	
			MAC1890A06	45 to 54	
			MAC1890A07	55 to 64	
			MAC1890A08	65 and older	
MAC1891	B4	Were you primarily	MAC1891A01	Affordable Care Act (e.g.,	
110 101001	54	looking for		health reform, parity)	B5
		information on any of	MAC1891A02	Treatment and recovery	B6
		the following topics?		· · · · · · · · · · · · · · · · · · ·	
		3.1	MAC1891A03	Substance abuse prevention	B7
			MAC1891A04	Preventing mental	
				illness/promoting mental	<b>B8</b>
				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	
	<b>D</b> 0		MAC1892A03	Other	
MAC1893	B6	Please specify the	MAC1893A01	Patient/client educational	
		topic of interest for		materials	
		treatment and recovery. (Check all		Evidence based practices	
		that apply)	MAC1893A03	Information for working with	
		(liat apply)		specific populations	
			MAC1893A04	Information about specific	
				substances of abuse	
			MAC1893A05	Information about specific	
				mental illnesses	
MAC1894	B7	Please specify the	MAC1894A01	Alcohol	
100 1004	57	topic of interest for			
		substance abuse		Marijuana	
		prevention. (Check all		Marijuana	
		that apply)	MAC1894A03	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		3	
		preventing mental	MAC1895A02	Bullying prevention	
		illness and promoting	MAC1895A02 MAC1895A03	Eating disorders	
		montal wallpace	INVCT032402	Lating disolutions	

	1	IIIIEIIIai weiiiiess.	1		
		(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 <b>find</b> 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	A
			MAC1899A05	Very dissatisfied	A
	1				
MAC1900	A	Please tell us how our products and resources could be improved.			
MAC1900 MAC1901	A	products and resources could be			
	A	products and resources could be improved. What services could this agency provide to better serve you? Please specify the	MAC1902A01	Desktop or laptop computer	
MAC1901	A	products and resources could be improved. What services could this agency provide to better serve you? Please specify the types of electronic			
MAC1901	A	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.		Desktop or laptop computer Tablet or e-reader (e.g., iPad, Kindle, Nook)	
MAC1901	A	products and resources could be improved. What services could this agency provide to better serve you? Please specify the types of electronic		Tablet or e-reader (e.g., iPad,	
MAC1901	A	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.	MAC1902A02	Tablet or e-reader (e.g., iPad, Kindle, Nook) Smartphone (e.g., iPhone or similar devices with web access)	
MAC1901 MAC1902		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)	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
MAC1901 MAC1902 The following		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)	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 <b>ptional and will be used fo</b>	r statisti
MAC1901 MAC1902		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)	MAC1902A02 MAC1902A03 MAC1902A04 Ire entirely o MAC1903A01	Tablet or e-reader (e.g., iPad, Kindle, Nook) Smartphone (e.g., iPhone or similar devices with web access) Cell phone <b>ptional and will be used fo</b> Female	r statisti
MAC1901 MAC1902 The following		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)	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 <b>ptional and will be used fo</b> Female Male	r statisti
MAC1901 MAC1902 The following MAC1903		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)	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 phoneptional and will be used foFemaleMalePrefer not to respond	r statisti
MAC1901 MAC1902 The following		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) 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 phoneptional and will be used foFemaleMalePrefer not to respond17 and under	r statisti
MAC1901 MAC1902 The following MAC1903		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)	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
MAC1901 MAC1902 The following MAC1903		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)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	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 - 2425 - 34	r statisti
MAC1901 MAC1902 The following MAC1903		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)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 phoneptional and will be used foFemaleMalePrefer not to respond17 and under18 - 2425 - 3435 - 44	r statisti
MAC1901 MAC1902 The following MAC1903		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)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 phoneptional and will be used foFemaleMalePrefer not to respond17 and under18 - 2425 - 3435 - 4445 - 54	r statisti
MAC1901 MAC1902 The following MAC1903		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)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 MAC1904A04 MAC1904A05 MAC1904A06	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 - 2425 - 3435 - 4445 - 5455 - 64	r statisti
MAC1901 MAC1902 The following MAC1903		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)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 phoneptional and will be used foFemaleMalePrefer not to respond17 and under18 - 2425 - 3435 - 4445 - 54	r statisti

MAC1905	Which of the following	MAC1905A01	Current middle or high school	
	best describes the highest level of		student	
	education you have	MAC1905A02	Did not complete high school	
	completed?	MAC1905A03	High school graduate	
		MAC1905A04	Some college/vocational school	
		MAC1905A05	College graduate	
		MAC1905A06	Some postgraduate school	
		MAC1905A07	Graduate/professional degree	
		MAC1905A08	MD/PhD	
		MAC1905A09	Prefer not to respond	
MAC1906	What <b>state</b> 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	
		MAC1906A14	Indiana	
		MAC1906A15	lowa	
		MAC1906A16	Kansas	
		MAC1906A17	Kentucky	
		MAC1906A18	Louisiana	
		MAC1906A19	Maine	
		MAC1906A20	Maryland	
		MAC1906A21	Massachusetts	
		MAC1906A21	Michigan	
		MAC1906A22 MAC1906A23	Minnesota	
		MAC1906A23		
		MAC1906A24 MAC1906A25	Mississippi	
		MAC1906A25	Missouri	
			Montana Nebraska	
		MAC1906A27 MAC1906A28		
			Nevada	
		MAC1906A29	New Hampshire	
		MAC1906A30	New Jersey	
		MAC1906A31	New Mexico	
		MAC1906A32	New York	
		MAC1906A33	North Carolina	
		MAC1906A34	North Dakota	
		MAC1906A35	Ohio	
		MAC1906A36	Oklahoma	
		MAC1906A37	Oregon	
		MAC1906A38	Pennsylvania	
		MAC1906A39	Rhode Island	
		MAC1906A40	South Carolina	
		MAC1906A41	South Dakota	
I		MAC1906A42	Tennessee	

1			-	Г
		MAC1906A43	Texas	4
		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 <b>living</b> in a:	MAC1907A01	Urban area	
		MAC1907A02	Rural area	
		MAC1907A03	Don't know	
MAC1908	How do you describe	MAC1908A01	Hispanic	
	your <b>ethnicity</b> ?	MAC1908A02	Non-Hispanic	
		MAC1908A03	Prefer not to respond	
MAC1909	How do you describe your <b>race</b> ?	MAC1909A01	American Indian or Alaska Native	
	-	MAC1909A02	Asian or Pacific Islander	_
		MAC1909A03	African American or Black	1
		MAC1909A04	White	1
		MAC1909A05	Other	1
		MAC1909A06	Prefer not to respond	

LLICT				
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	Μ	Y	Skip Logic Group	Personal treatment

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

Radio button, one-up vertical	S	Y	Skip Logic Group	Professional info for
Radio button, one-up vertical	S	Y	Skip Logic Group	Professional age
Radio button, one-up vertical	S	Y	Skip Logic Group	Professional info topic
Checkbox, one-up vertical	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	Μ	Y		Device type
cal purpose only.				
Drop down, select one	S	Ν		Gender
Drop down, select one	S	Ν		Age

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

Drop down, select one	S	N	Living area
Drop down, select one	S	N	Ethnicity
Drop down, select one	S	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		First time	
		visit the SAMHSA	MAC1878A02	Daily	
		Store?	MAC1878A03	Weekly	
			MAC1878A04	Monthly	
			MAC1878A05	Every few months or less often	
MAC1879		What is your <b>primary</b> 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 <b>age</b> 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 <b>primarily</b> looking for	MAC1882A01	Treatment and recovery	A4
		<b>information</b> 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	Α7
			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	

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			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	MAC1884A01	Alcohol	
		topic of interest for			
		substance abuse		Marijuana	
		prevention. (Check all that apply)	MAC1884A03	Prescription drugs	
			MAC1884A04	Tobacco	
			MAC1884A02	Other substances (e.g.,	
				cocaine, heroin)	
MAC1885	A6	Please specify the topic of interest for	MAC1885A01	Anger management	
		preventing mental illness and promoting	MAC1885A02	Anxiety or depression	
		mental wellness.	MAC1885A03	Bullying prevention	
		(Check all that apply)	MAC1885A04	Eating disorders	
			MAC1885A05	PTSD	
			MAC1885A06	Schizophrenia	
			MAC1885A07	Stress management	
			MAC1885A08	Suicide prevention	
MAC1886	Α7	Please specify the <b>topic of interest</b> 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 <b>other</b> <b>information</b> looking for.			
MAC1888	B1	What best describes your <b>organization</b>	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	<del>Other health care facility (e.g.,</del> <del>primary care)</del>	
			MAC1888A05	Public place/Interacting in community	

			MAC1000400	Decidentialling metionst for sills	
			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 <b>age</b>	MAC1890A01	12 and under	
		of your patients,	MAC1890A02	13 to 17	
		clients, or students?	MAC1890A02	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	MAC1891A01	Affordable Care Act (e.g.,	
		looking for		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	B9
			MAC1891A06	Other, please specify	B10
MAC1892	B5	Please specify the <b>topic of interest</b> 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 <b>topic of interest</b> 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	
		(Check all that 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 <b>other</b> <b>information</b> looking for.			
MAC1898		Did you <b>find</b> 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		What <b>services</b> 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	
ne following	demoar	aphics questions a	re entirely o	ptional and will be used fo	or statist
MAC1903	,		MAC1903A01	Female	
		gondor .	MAC1903A02	Male	1
W/ (01000					-
111/101000			MAC1903A03	Prefer not to respond	
MAC1904		Please select the	MAC1903A03 MAC1904A01	Prefer not to respond 17 and under	

	your <b>age</b> .	MAC1904A03	25 - 34	
		MAC1904A04	35 - 44	
		MAC1904A05	45 - 54	
		MAC1904A05	55 - 64	
		MAC1904A00 MAC1904A07	65 and over	
NA 01005		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 <b>state</b> do you live	MAC1906A01	Alabama	
	in?	MAC1906A01	Alaska	
		MAC1906A02 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		
		MAC1906A23	Minnesota	
		MAC1906A24	Mississippi	
		MAC1906A24	Missouri	
		MAC1906A25 MAC1906A26		
			Montana	
		MAC1906A27 MAC1906A28	Nebraska Nevada	
		MAC1906A29	New Hampshire	
		MAC1906A30	New Jersey	
		MAC1906A31	New Mexico	
		MAC1906A32	New York	
		MAC1906A33	North Carolina	
		MAC1906A34	North Dakota	
		MAC1906A35	Ohio	
		MAC1906A36	Oklahoma	

		MAC1906A39	Pennsylvania 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 <b>living</b> in a:	MAC1907A01	Urban area	_
		MAC1907A02	Rural area	
		MAC1907A03	Don't know	
MAC1908	How do you describe	MAC1908A01	Hispanic	
	your <b>ethnicity</b> ?	MAC1908A02	Non-Hispanic	_
		MAC1908A03	Prefer not to respond	
MAC1909	How do you describe your <b>race</b> ?	MAC1909A01	American Indian or Alaska Native	
		MAC1909A02	Asian or Pacific Islander	
		MAC1909A03	African American or Black	
		MAC1909A04	White	
		MAC1909A05	Other	
		MAC1909A06	Prefer not to respond	

LLICT				
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	Μ	Y	Skip Logic Group	Personal treatment

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

Text area,no char limit		N	Skip Logic Group	Organization type Other
Radio button, one-up vertical	S	Y	Skip Logic Group	Professional info for
Radio button, one-up vertical	S	Y	Skip Logic Group	Professional age
Radio button, one-up vertical	S	Y	Skip Logic Group	Professional info topic
Checkbox, one-up vertical	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	Μ	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	Μ	Y		Device type
al purpose only.				
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	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

Date: 12/15/2015

			SAM				
QID (Group ID)	Skip Logic Label	Question Text	Answer IDs (DOT ONLY)				
MAC1878	Skip Logic Laber	How frequently do you visit the SAMHSA Store?	MAC1878A01				
MACIOIO		now nequently do you visit the SAININGA Store?	MAC1878A02				
			MAC1878A03				
			MAC1878A04				
			MAC1878A05				
MAC1879		What is your <b>primary interest</b> in substance abuse and mental health	MAC1879A01				
		topics?	MAC1879A02				
MAC1880	A1	For whom are you looking up information and resources?	MAC1880A01				
			MAC1880A02				
			MAC1880A03				
MAC1881	A2	What is the <b>age</b> of the person for whom you are seeking resources?	MAC1881A01				
			MAC1881A02				
			MAC1881A03				
			MAC1881A04				
			MAC1881A05				
			MAC1881A06				
			MAC1881A07				
			MAC1881A08				
MAC1882	A3	A3 Are you primarily looking for information on any of the following					
		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 <b>topic of interest</b> for substance abuse prevention. (Check all that apply)	MAC1884A01				
			MAC1884A03				
			MAC1884A04				
			MAC1884A02				
MAC1885	A6	Please specify the <b>topic of interest</b> 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 <b>topic of interest</b> for trauma recovery. (Check all	MAC1886A01				

SAMHSA Store V2

MID: YItkJ4B5FR1E0Q5tk49Zow4C

Date: 12/15/2015

			SAN
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 <b>age</b> 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
110 101001	21	topics?	MAC1891A02
			MAC1891A03
			MAC1891A04
			MAC1891A05
			MAC1891A06
MAC1892	B5	Please specify the <b>topic of interest</b> for Affordable Care Act. (Check all	
WAC1092	55	that apply)	MAC1892A01 MAC1892A02
			MAC1892A02 MAC1892A03
MAC1893	B6	Please specify the <b>topic of interest</b> for treatment and recovery. (Check	
WAC1093	DU	all that apply)	MAC1893A01 MAC1893A02
			MAC1893A02 MAC1893A03
			MAC1893A03 MAC1893A04
			MAC1893A04 MAC1893A05
			INIACT032402

SAMHSA Store V2

MID: YItkJ4B5FR1E0Q5tk49Zow4C

Date: 12/15/2015

			SAM
015			
QID (Group ID)	Skip Logic Label	Question Text	Answer IDs (DOT ONLY)
(0.000).27	omp 209.0 2000.	(Check all that apply)	
			MAC1894A03
			MAC1894A04
			MAC1894A02
			MAC1894A05
MAC1895	B8	Please specify the <b>topic of interest</b> for preventing mental illness and	MAC1895A01
11	20	promoting mental wellness. (Check all that apply)	MAC1895A02
			MAC1895A03
			MAC1895A04
			MAC1895A05
			MAC1895A06
			MAC1895A07
			MAC1895A07
			MAC1895A00
MAC1896	B9	Please specify the <b>topic of interest</b> for trauma. (Check all that apply)	MAC1895A05
WIAC1030	5	in case speeny the topic of interest for tradina. (Check all that apply)	MAC1896A01
			MAC1896A02
			MAC1896A04
			MAC1896A05
MAC1897	B10	Please specify other information looking for.	MAC1090A05
MAC1898	BIO	Did you <b>find</b> what you were looking for?	MAC1898A01
WIAC1030		bid you find what you were looking for a	MAC1898A01
			MAC1898A02
			MAC1898A04
MAC1899		How satisfied were you with the content available?	MAC1899A01
100 1000			MAC1899A02
			MAC1899A03
			MAC1899A03 MAC1899A04
			MAC1899A04 MAC1899A05
MAC1900	Α	Please tell us how our products and resources could be improved.	WAC1033A03
MAC1300	~	ricase ten us now our products and resources could be improved.	
MAC1901		What <b>services</b> could this agency provide to better serve you?	
MAC1902		Please specify the types of electronic devices you use. (Check all	MAC1902A01
		that apply)	MAC1902A02
			MAC1902A03
			MAC1902A04
The follow	ving demographics	questions are entirely optional and will be used for stati	
MAC1903		What is your gender?	MAC1903A01
		Stride is your gonder:	MAC1903A01 MAC1903A02
			MAC1903A02 MAC1903A03
MAC1904		Please select the category that includes your <b>age</b> .	MAC1903A03
WAC1304		a loase select the category that includes your age.	MAC1904A01 MAC1904A02
			MAC1904A02 MAC1904A03
I I		I	

SAMHSA Store V2

MID: YItkJ4B5FR1E0Q5tk49Zow4C

Date: 12/15/2015

			SAM
QID			
Group ID)	Skip Logic Label	Question Text	Answer IDs (DOT ONLY)
			MAC1904A04
			MAC1904A05
			MAC1904A06
			MAC1904A07
			MAC1904A08
MAC1905		Which of the following best describes the highest level of education	MAC1905A01
		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
			MAC1906A13 MAC1906A14
			MAC1906A14 MAC1906A15
			MAC1906A16
			MAC1906A10 MAC1906A17
			MAC1906A18
			MAC1906A19
			MAC1906A20
			MAC1906A21
			MAC1906A22
			MAC1906A23
			MAC1906A24
			MAC1906A25
			MAC1906A26
			MAC1906A27
			MAC1906A28
			MAC1906A29

SAMHSA Store V2

MID: YItkJ4B5FR1E0Q5tk49Zow4C

Date: 12/15/2015

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

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
First time		Drop down, select one	S	Y		Frequency of visits
Daily						
Weekly						
Monthly						
Every few months or less often						
Personal	A1-A3	Drop down, select one	S	Y	Skip Logic Group	Primary interest
Professional	B1-B4					
Yourself		Radio button, one-up vertical	S	Y		Personal info for
Family member						
Friend						
12 and under	Radio button, one-up vertical	S	Y		Personal age	
13 to 17	_					
18 to 24	_					
25 to 34	_					
35 to 44	_					
45 to 54	_					
55 to 64	_					
65 and older	-					
Treatment and recovery	A4	Radio button, one-up vertical	S	Y		Personal info topic
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	Charline and we we that	M	Y		Developed the store at
Options for paying for treatment Understanding different types of treatment	_	Checkbox, one-up vertical	IVI	Y		Personal 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		Personal SA prevention
Marijuana		Checkbox, one-up ventical	111	•		Fersonal SA prevention
Prescription drugs						
Tobacco	-					
Other substances (e.g., cocaine, heroin)						
Anger management		Checkbox, one-up vertical	М	Y		Personal MH illness
Anxiety or depression	-	Checkbox, one up vertical	ivi			
Bullying prevention	-					
Eating disorders						
PTSD						
Schizophrenia						
Stress management						
Suicide prevention						
Death of a loved one		Checkbox, one-up vertical	М	Y		Personal trauma

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						
Natural disaster						
Mass violence						
Post-military deployment						
		Text area, no char limit		N		Personal other info
Behavioral health treatment facility	_	Radio button, one-up vertical	S	Y		Organization type
Other health care facility (e.g., primary care)	_					
Government office	_					
Nonprofit/community-based organization/coalition	_					
School/university	4					
Military/veterans group	-					
Criminal justice/courts						
Health insurer	-					
Human resources/employee assistance program	-					
Other Destance advantion for celf/cellocarues		Dedie hutten ene un vertieel	S	Y		Professional info for
Professional education for self/colleagues Use with patients/clients	-	Radio button, one-up vertical	5	ř		Professional Info for
Use within classroom/youth setting	-					
Public awareness campaign/event	-					
Other	-					
12 and under		Radio button, one-up vertical	S	Y		Professional age
13 to 17	-			•		i Tolessional age
18 to 24	-					
25 to 34	-					
35 to 44	-					
45 to 54	-					
55 to 64	-					
65 and older	1					
Affordable Care Act (e.g., health reform, parity)	B5	Radio button, one-up vertical	S	Y		Professional info topic
Treatment and recovery	B6					
Substance abuse prevention	B7					
Preventing mental illness/promoting mental wellness	B8					
Trauma	B9					
Other, please specify	B10					
Reimbursement for behavioral health services		Checkbox, one-up vertical	M	Y		Professional ACA
Enrolling patients/clients in health insurance exchanges or Medicaid/Medicare						
Other						
Patient/client educational materials		Checkbox, one-up vertical	М	Y		Professional treatment
Evidence based practices						
Information for working with specific populations	_					
Information about specific substances of abuse	_					
Information about specific mental illnesses						
Alcohol		Checkbox, one-up vertical	M	Y		Professional SA prevention

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	Skip to	Type (select from list)	Watt	T/IN	Instructions	CQ Label
Prescription drugs	_					
Tobacco						
Other substances (e.g., cocaine, heroin)	_					
Parenting/family resources	_					
Anger management		Checkbox, one-up vertical	М	Y		Professional MH illness
Bullying prevention						
Eating disorders						
Mood disorders						
PTSD						
Schizophrenia	_					
Stress management	_					
Suicide prevention	_					
Parenting/family resources						
Grief	_	Checkbox, one-up vertical	М	Y		Professional trauma
Physical or sexual abuse	_					
Natural disaster Mass violence	_					
	_					
Post-military deployment		Text area, no char limit		N		Professional other info
Yes		Drop down, select one	S	Y		Find info
No		Drop down, select one	5	'		
Partially	—					
Still looking						
Very satisfied		Drop down, select one	S	Y	Skip Logic Group	Content satisfaction
Somewhat satisfied	_					
No opinion						
Somewhat dissatisfied	A					
Very dissatisfied	A					
		Text area, no char limit		N		Improve products
		Text area, no char limit		N		Other services wanted
Desktop or laptop computer		Checkbox, one-up vertical	М	Y		Device type
Tablet or e-reader (e.g., iPad, Kindle, Nook)						
Smartphone (e.g., iPhone or similar devices with web access)						
Cell phone						
Female		Drop down, select one	S	N		Gender
Male						Genuer
Prefer not to respond						
	1					
		Dron down select one	c	NI		Δαο
17 and under 18 - 24	_	Drop down, select one	S	N		Age

## 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	0					• • • • • • •
45 - 54						
55 - 64						
65 and over						
Prefer not to respond						
Current middle or high school student		Drop down, select one	S	N		Education
Did not complete high school		,	_			
High school graduate						
Some college/vocational school						
College graduate						
Some postgraduate school						
Graduate/professional degree						
MD/PhD						
Prefer not to respond						
Alabama		Drop down, select one	S	N		State
Alaska		,	_			
Arizona						
Arkansas						
California						
Colorado						
Connecticut						
Delaware						
Florida						
Georgia						
Hawaii						
Idaho						
Illinois						
Indiana						
Iowa						
Kansas						
Kentucky						
Louisiana						
Maine						
Maryland						
Massachusetts						
Michigan						
Minnesota						
Mississippi						
Mississippi						
Mostana						
Nebraska						
Nebraska Nevada						

## red & strike-through: DELETE underlined & italicized: RE-ORDER

pink: ADDITION

blue + -->: REWORDING

HSA Store V2 CUSTOM QUESTION LIST						
Answer Choices (limited to 50 characters)	Skip to	Type (select from list)	Single or Multi	Required Y/N	Special Instructions	CQ Label
New Jersey	-					-
New Mexico						
New York						
North Carolina						
North Dakota						
Ohio						
Oklahoma						
Oregon						
Pennsylvania						
Rhode Island						
South Carolina						
South Dakota						
Tennessee						
Texas						
Utah						
Vermont						
Virginia						
Washington						
Washington D.C.						
West Virginia						
Wisconsin						
Wyoming						
Prefer not to respond						
Urban area		Drop down, select one	S	N		Living area
Rural area						
Don't know						
Hispanic		Drop down, select one	S	N		Ethnicity
Non-Hispanic						
Prefer not to respond						
American Indian or Alaska Native		Drop down, select one	S	N		Race
Asian or Pacific Islander						
African American or Black						
White						
Other						
Prefer not to respond						

## Model Instance Name:

SAMHSA Store V2 MID: YItkJ4B5FR1E0Q5tk49Zow4C

Date: 7/11/2013

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

			MAC1885A04
			MAC1885A05
			MAC1885A06
			MAC1885A07
			MAC1885A08
MAC1886	A7	Please specify the <b>topic of interest</b> 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
11,7 (01000	Di	What beet decombes your organization type:	
			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
			MAC1889A04
MAC1890	B3	Which of the following best describes the <b>age</b> of	MAC1889A05
WAC1090	БЭ	your patients, clients, or students?	
			MAC1890A02
			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 <b>topic of interest</b> for Affordable Care Act. (Check all that apply)	MAC1892A01
		ouro non (oncor an inar appiy)	MAC1892A02
			MAC1892A03
MAC1893	B6	Please specify the <b>topic of interest</b> for treatment and recovery. (Check all that apply)	MAC1893A01
		and recovery. (Check all that apply)	MAC1893A02

	_		
			MAC1893A03
			MAC1893A04
			MAC1893A05
MAC1894	B7	Please specify the <b>topic of interest</b> for substance abuse prevention. (Check all that apply)	MAC1894A01
			MAC1894A02
			MAC1894A03
			MAC1894A04
			MAC1894A05
MAC1895	B8	Please specify the <b>topic of interest</b> 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 <b>topic of interest</b> for trauma. (Check all that apply)	MAC1896A01
			MAC1896A02
			MAC1896A03
			MAC1896A04
			MAC1896A05
MAC1897	B10	Please specify <b>other information</b> looking for.	
MAC1898		Did you <b>find</b> what you were looking for?	MAC1898A01
			MAC1898A02
			MAC1898A03
			MAC1898A04
MAC1899		How satisfied were you with the content available?	MAC1899A01
			MAC1899A02
			MAC1899A03
			MAC1899A04
	-		MAC1899A05
MAC1900	Α	Please tell us <b>how our products and resources</b> could be improved.	
MAC1901		What <b>services</b> could this agency provide to better serve you?	1
MAC1902		Please specify the <b>types of electronic devices</b> you use. (Check all that apply)	MAC1902A01
			MAC1902A02
			MAC1902A03
			MAC1902A04
The follo	wing	demographics questions are entirely opt	ional and will be
MAC1903		What is your gender?	MAC1903A01
			MAC1903A02
			MAC1903A03
MAC1904		Please select the category that includes your <b>age</b> .	MAC1904A01
			MAC1904A02
			MAC1904A03
			MAC1904A04
-	•	•	•

		MAC1904A05
		MAC1904A05 MAC1904A06
		MAC1904A07
144.01005		MAC1904A08
MAC1905	Which of the following best describes the <b>highest</b>	MAC1905A01
	level of education you have completed?	MAC1905A02
		MAC1905A03
		MAC1905A04
		MAC1905A05
		MAC1905A06
		MAC1905A07
		MAC1905A08
		MAC1905A09
MAC1906	What <b>state</b> do you live in?	MAC1906A01
		MAC1906A02
		MAC1906A03
		MAC1906A04
		MAC1906A05
		MAC1906A06
		MAC1906A07
		MAC1906A08
		MAC1906A09
		MAC1906A10
		MAC1906A11
		MAC1906A12
		MAC1906A13
		MAC1906A14
		MAC1906A15
		MAC1906A16
		MAC1906A17
		MAC1906A18
		MAC1906A18 MAC1906A19
		MAC1906A20
		MAC1906A20
		MAC1900A21 MAC1906A22
		MAC1906A22 MAC1906A23
		MAC1906A23 MAC1906A24
		MAC1906A24 MAC1906A25
		MAC1906A26
		MAC1906A27
		MAC1906A28
		MAC1906A29
		MAC1906A30
		MAC1906A31
		MAC1906A32
		MAC1906A33
		MAC1906A34
		MAC1906A35
		MAC1906A36
		MAC1906A37
		MAC1906A38
		MAC1906A39
		MAC1906A40
		MAC1906A41
		MAC1906A42
		MAC1906A43
		MAC1906A44

I		MAC1906A45
		MAC1906A46
		MAC1906A47
		MAC1906A48
		MAC1906A49
		MAC1906A50
		MAC1906A51
		MAC1906A52
MAC1907	Are you <b>living</b> 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

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				

Eating disorders PTSD Schizophrenia	-			
Schizophrenia				
· · · · · · · · · · · · · · · · · · ·	-			
Stress management	-			
Suicide prevention	-			
Death of a loved one		Chaokhoy, and un	М	Y
		Checkbox, one-up vertical	IVI	Ŷ
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)	-			
Government office				
Nonprofit/community-based				
organization/coalition				
School/university	-			
Military/veterans group	-			
Criminal justice/courts	-			
Health insurer	-			
Human resources/employee assistance	-			
program				
Other	-			
Professional education for self/colleagues		Radio button, one-up vertical	S	Y
Use with patients/clients				
Use within classroom/youth setting				
Public awareness campaign/event				
Other				
12 and under		Radio button, one-up vertical	S	Y
13 to 17	-			
18 to 24	-			
25 to 34				
35 to 44				
45 to 54	-			
55 to 64	-			
65 and older	-			
Affordable Care Act (e.g., health reform, parity)	B5	Radio button, one-up vertical	S	Y
Treatment and recovery	B6			
Substance abuse prevention	B7			
Preventing mental illness/promoting mental				
wellness	B8			
Trauma	B9			
Other, please specify	B10			
Reimbursement for behavioral health services		Checkbox, one-up vertical	М	Y
Enrolling patients/clients in health insurance exchanges or Medicaid/Medicare				
Other				
Patient/client educational materials		Checkbox, one-up vertical	М	Y
Evidence based practices	]			

Information for working with specific populations				
Information about specific substances of abuse				
Information about apositio montal illucation	-			
Information about specific mental illnesses		Chaolikhov, one un	N 4	X
Alcohol	_	Checkbox, one-up vertical	М	Y
Illegal substances (e.g., marijuana, cocaine)				
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				
Parenting/family resources	-			
Grief		Checkbox, one-up	М	Y
		vertical		-
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	Α			
Very dissatisfied	Â			
		Text area, no char limit		N
		Tout oron and char limit		NI
		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)	1			
Smartphone (e.g., iPhone or similar devices				
with web access)				
Cell phone	-			
used for statistical purpose only.				
Female		Drop down, select one	S	Ν
Male	-		0	
Prefer not to respond	-			
17 and under		Drop down, select one	S	Ν
18 - 24	-		0	
25 - 34	-			
35 - 44	-			
	J	I I		I I

45 - 54	I			
55 - 64				
65 and over				
Prefer not to respond				
Current middle or high school student	Dron d	own, select one	S	N
Did not complete high school		own, select one	5	IN IN
High school graduate				
Some college/vocational school				
College graduate				
Some postgraduate school				
Graduate/professional degree				
MD/PhD				
Prefer not to respond				
Alabama	Drop d	own, select one	S	N
Alaska		own, select one	3	IN
Arizona				
Arkansas				
California				
Colorado				
Connecticut				
Delaware				
Florida				
Georgia Hawaii				
Idaho				
Illinois				
Indiana				
lowa				
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	Ι			

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
msuucions	Frequency of visits
Skip Logic Group	Primary interest
	Personal info for
	Personal age
	Personal info topic
	Personal treatment
	Personal SA prevention
	Personal MH illness

Personal trauma Personal other info Organization type
Personal other info
Personal other info
Personal other info
Personal other info
info
Organization type
Professional info
for
Professional age
, i i i i i i i i i i i i i i i i i i i
Professional info
Professional info topic
topic
topic
topic
topic
topic
Professional ACA

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

	Gender	
	Age	

Education
State
· •

Living area
Ethnicity
Race