

Attachment B4- N-SSATS 2019 screens for online questionnaire

4%

You've completed 4% of your questionnaire!

FACILITY CHARACTERISTICS

*1. Which of the following substance abuse services are offered by this facility at this location, that is, *abc 10320, 2003 Godwin Avenue*?

SELECT "YES" OR "NO" FOR EACH

	Yes	No
1. Intake, assessment, or referral	<input type="radio"/>	<input type="radio"/>
2. Detoxification	<input type="radio"/>	<input type="radio"/>
3. Substance use treatment <i>(services that focus on initiating and maintaining an individual's recovery from substance abuse and on averting relapse)</i>	<input type="radio"/>	<input type="radio"/>
4. Any other substance abuse services	<input type="radio"/>	<input type="radio"/>

Submit Page and Continue

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5%

You've completed 5% of your questionnaire!

FACILITY CHARACTERISTICS

You reported that this facility does not offer either detoxification or substance use treatment.
Is this correct?

- Yes, this is correct.
- No, this is not correct.
Return to question 1 for correction.

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FACILITY CHARACTERISTICS

1a. To which of the following clients does this facility, at this location, offer mental health treatment services (*interventions such as therapy or psychotropic medication that treat a person's mental health problem or condition, reduce symptoms, and improve behavioral functioning and outcomes*)?

SELECT ALL THAT APPLY

Substance abuse clients

Clients other than substance abuse clients

No clients are offered mental health treatment services

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FACILITY CHARACTERISTICS

*2a. Does this facility detoxify clients from...

SELECT "YES" OR "NO" FOR EACH

	Yes	No
1. Alcohol	<input type="radio"/>	<input type="radio"/>
2. Benzodiazepines	<input type="radio"/>	<input type="radio"/>
3. Cocaine	<input type="radio"/>	<input type="radio"/>
4. Methamphetamines	<input type="radio"/>	<input type="radio"/>
5. Opioids	<input type="radio"/>	<input type="radio"/>
6. Other (Please specify: <input type="text"/>)	<input type="radio"/>	<input type="radio"/>

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6%

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FACILITY CHARACTERISTICS

*2b. Does this facility routinely use medications during detoxification?

- Yes
- No

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6%

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FACILITY CHARACTERISTICS

4. Is this facility a jail, prison, or other organization that provides treatment **exclusively** for incarcerated persons or juvenile detainees?

Yes

No

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You've completed 7% of your questionnaire!

FACILITY CHARACTERISTICS

4a. Just to confirm, this facility provides substance use treatment services only to incarcerated persons or juvenile detainees.

Is that correct?

- Yes, this is correct.
- No, this is not correct. Return to the previous screen for correction.

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7% You've completed 7% of your questionnaire!

FACILITY CHARACTERISTICS

5. Is this facility a solo practice, meaning, an office with only one independent practitioner or counselor?

Yes

No

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8%

You've completed 8% of your questionnaire!

FACILITY CHARACTERISTICS

New!

***6. Is this facility a Federally Qualified Health Center (FQHC)?**

• FQHCs include: (1) all organizations that receive grants under Section 330 of the Public Health Service Act; and (2) other organizations that do not receive grants, but have met the requirements to receive grants under Section 330 according to the U.S. Department of Health and Human Services.

• For a complete definition of a FQHC, go to: <https://info.nssats.com>

Yes

No

Don't know

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8% You've completed 8% of your questionnaire!

FACILITY CHARACTERISTICS

7. What is the **primary** focus of this facility **at this location**, that is abc 10320, 2003 Godwin Avenue?

SELECT ONE ONLY

- Substance use treatment services
- Mental health services
- Mix of mental health and substance use treatment services (*neither is primary*)
- General health care
- Other (*Please specify:*)

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9%

You've completed 9% of your questionnaire!

FACILITY CHARACTERISTICS

*8. Is this facility operated by...

SELECT ONE ONLY

- A private for-profit organization
- A private non-profit organization
- State government
- Local, county, or community government
- Tribal government
- Federal Government

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9%

You've completed 9% of your questionnaire!

FACILITY CHARACTERISTICS

*8a. Which Federal Government agency?

SELECT ONE ONLY

Department of Veterans Affairs

Department of Defense

Indian Health Service

Some other Federal Government agency (Please specify:

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Attachment B4- N-SSATS 2019 screens for online questionnaire

10%

You've completed 10% of your questionnaire!

FACILITY CHARACTERISTICS

*9. Does this facility offer HOSPITAL INPATIENT substance abuse services at this location, that is, *abc 10320, 2003 Godwin Avenue*?

Yes

No

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Attachment B4- N-SSATS 2019 screens for online questionnaire

11% You've completed 11% of your questionnaire!

FACILITY CHARACTERISTICS

***9a. Which of the following HOSPITAL INPATIENT services are offered at this facility, that is, abc 10320, 2003 Godwin Avenue?**

SELECT "YES" OR "NO" FOR EACH

	Yes	No
1. Hospital inpatient detoxification (similar to ASAM Levels IV-D and III.7-D, medically managed or monitored inpatient detoxification)	<input type="radio"/>	<input type="radio"/>
2. Hospital inpatient treatment (similar to ASAM Levels IV and III.7, medically managed or monitored intensive inpatient treatment)	<input type="radio"/>	<input type="radio"/>

*Note: ASAM is the American Society of Addiction Medicine.
For more information on ASAM please go to <https://info.nssats.com>.*

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Attachment B4- N-SSATS 2019 screens for online questionnaire

13%

You've completed 13% of your questionnaire!

FACILITY CHARACTERISTICS

***10.** Does this facility offer RESIDENTIAL (non-hospital) substance abuse services at this location, that is, *abc 10320, 2003 Godwin Avenue*?

- Yes
- No

Submit Page and Continue

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Attachment B4- N-SSATS 2019 screens for online questionnaire

14%

You've completed 14% of your questionnaire!

FACILITY CHARACTERISTICS

***10a. Which of the following RESIDENTIAL services are offered at this facility, that is, abc 10320, 2003 Godwin Avenue?**

SELECT "YES" OR "NO" FOR EACH

	Yes	No
1. Residential detoxification (similar to ASAM Level III 2-D, clinically managed residential detoxification or social detoxification)	<input type="radio"/>	<input type="radio"/>
2. Residential short-term treatment (similar to ASAM Level III 5, clinically managed high-intensity residential treatment, typically 30 days or less)	<input type="radio"/>	<input type="radio"/>
3. Residential long-term treatment (similar to ASAM Levels III.3 and III.1, clinically managed medium- or low-intensity residential treatment, typically more than 30 days)	<input type="radio"/>	<input type="radio"/>

Note: ASAM is the American Society of Addiction Medicine.
For more information on ASAM please go to <https://info.nssats.com>.

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16%

You've completed 16% of your questionnaire!

FACILITY CHARACTERISTICS

***11. Does this facility offer **OUTPATIENT** substance abuse services at this location, that is, abc 10320, 2003 Godwin Avenue?**

Yes

No

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Attachment B4- N-SSATS 2019 screens for online questionnaire

16%

You've completed 16% of your questionnaire!

FACILITY CHARACTERISTICS

*11a. Which of the following **OUTPATIENT** services are offered at this facility, that is, *abc 10320, 2003 Godwin Avenue*?

SELECT "YES" OR "NO" FOR EACH

	Yes	No
1. Outpatient detoxification (similar to ASAM Levels I-D and II-D, ambulatory detoxification)	<input type="radio"/>	<input type="radio"/>
2. Outpatient methadone/buprenorphine maintenance or naltrexone treatment	<input type="radio"/>	<input type="radio"/>
3. Outpatient day treatment or partial hospitalization (similar to ASAM Level II.5, 20 or more hours per week)	<input type="radio"/>	<input type="radio"/>
4. Intensive outpatient treatment (similar to ASAM Level II.1, 9 or more hours per week)	<input type="radio"/>	<input type="radio"/>
5. Regular outpatient treatment (similar to ASAM Level I, outpatient treatment, non-intensive)	<input type="radio"/>	<input type="radio"/>

Note: ASAM is the American Society of Addiction Medicine.
For more information on ASAM please go to <https://info.nssats.com>.

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Attachment B4- N-SSATS 2019 screens for online questionnaire

22%

You've completed 22% of your questionnaire!

FACILITY CHARACTERISTICS

*12a. Which of the following assessment and pre-treatment services are offered by this facility at this location, that is, *abc 10320, 2003 Godwin Avenue*?

SELECT ALL THAT APPLY

- Screening for substance abuse
- Screening for mental disorders
- Comprehensive substance abuse assessment or diagnosis
- Comprehensive mental health assessment or diagnosis (*for example, psychological or psychiatric evaluation and testing*)
- Screening for tobacco use
- Outreach to persons in the community who may need treatment
- Interim services for clients when immediate admission is not possible
- Professional interventionist/educational consultant
- We do not offer any of these assessment and pre-treatment services

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Attachment B4- N-SSATS 2019 screens for online questionnaire

23%

You've completed 23% of your questionnaire!

FACILITY CHARACTERISTICS

*12b. Which of the following **testing services** are offered by this facility **at this location**, that is, *abc 10320, 2003 Godwin Avenue*?

- Include tests performed at this location, even if specimen is sent to an outside source for chemical analysis.

SELECT ALL THAT APPLY

 New!

Drug and alcohol oral fluid testing

Breathalyzer or other blood alcohol testing

Drug or alcohol urine screening

Testing for Hepatitis B (HBV)

Testing for Hepatitis C (HCV)

HIV testing

STD testing

TB screening

 New!


Testing for **metabolic syndrome**


We do not offer any of these testing services


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Attachment B4- N-SSATS 2019 screens for online questionnaire

23%

You've completed 23% of your questionnaire!

FACILITY CHARACTERISTICS

New!

***12c. Which of the following medical services are offered by this facility at this location, that is, *abc 10320, 2003 Godwin Avenue*?**

SELECT ALL THAT APPLY

- Hepatitis A (HAV) vaccination
- Hepatitis B (HBV) vaccination
- We do not offer any of these medical services

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[Plain Language](#)

Attachment B4- N-SSATS 2019 screens for online questionnaire

24%

You've completed 24% of your questionnaire!

FACILITY CHARACTERISTICS

*12d. Which of the following transitional services are offered by this facility at this location, that is, abc 10320, 2003 Godwin Avenue?

SELECT ALL THAT APPLY

Discharge planning

Aftercare/continuing care

-New!

Naloxone and overdose education

-New!

Outcome follow-up after discharge

We do not offer any of these transitional services

Submit Page and Continue

Start Page Over

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Attachment B4- N-SSATS 2019 screens for online questionnaire

24%

You've completed 24% of your questionnaire!

FACILITY CHARACTERISTICS

*12e. Which of the following **recovery support services** are offered by this facility **at this location**, that is, *abc 10320, 2003 Godwin Avenue*?

SELECT ALL THAT APPLY


- Mentoring/peer support
- Self-help groups (for example, AA, NA, SMART Recovery)
- Assistance in locating housing for clients
- Employment counseling or training for clients
- Assistance with obtaining social services (for example, *Medicaid*, WIC, SSI, SSDI)
- Recovery coach
- We do not offer any of these recovery support services


 New!


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[Plain Language](#)

Attachment B4- N-SSATS 2019 screens for online questionnaire

24%

You've completed 24% of your questionnaire!

FACILITY CHARACTERISTICS

***12f. Which of the following education and counseling services are offered by this facility at this location, that is, *abc 10320, 2003 Godwin Avenue*?**

SELECT ALL THAT APPLY

HIV or AIDS education, counseling, or support

Hepatitis education, counseling, or support

Health education other than HIV/AIDS or Hepatitis

Substance abuse education

Smoking/tobacco cessation counseling

-New!

Individual counseling

-New!

Group counseling

-New!

Family counseling

-New!

Marital/couples counseling

-New!

Vocational training or educational support (*for example, high school coursework, GED preparation, etc.*)

We do not offer any of these education and counseling services

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Attachment B4- N-SSATS 2019 screens for online questionnaire

25%

You've completed 25% of your questionnaire!

FACILITY CHARACTERISTICS

***12g.** Which of the following **ancillary services** are offered by this facility **at this location**, that is, *abc 10320, 2003 Godwin Avenue*?

SELECT ALL THAT APPLY

- Case management services
- Social skills development
- Child care for clients' children
- Domestic violence -- family or partner violence services (*physical, sexual, and emotional abuse*)
- Early intervention for HIV
- Transportation assistance to treatment
- Mental health services
- Acupuncture
- Residential beds for clients' children
- We do not offer any of these ancillary services

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Attachment B4- N-SSATS 2019 screens for online questionnaire

26%

You've completed 26% of your questionnaire!

FACILITY CHARACTERISTICS

***12h. Which of the following other services are offered by this facility at this location, that is, *abc 10320, 2003 Godwin Avenue*?**

SELECT ALL THAT APPLY

- Treatment for gambling disorder
- Treatment for internet use disorder
- Treatment for other addiction disorder (*non-substance abuse*)
- We do not offer any of these other services

Submit Page and Continue

Start Page Over

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[Plain Language](#)

Attachment B4- N-SSATS 2019 screens for online questionnaire

26%

You've completed 26% of your questionnaire!

FACILITY CHARACTERISTICS

*12i. Which of the following **pharmacotherapy services** are offered by this facility **at this location**, that is, *abc 10320, 2003 Godwin Avenue*?

SELECT ALL THAT APPLY

- Disulfiram (*Antabuse®*)
- Naltrexone (*oral*)
- Naltrexone (*extended-release, injectable, for example, Vivitrol®*)
- Acamprosate (*Campral®*)
- Nicotine replacement
- Non-nicotine smoking/tobacco cessation medications (*for example, bupropion, varenicline*)
- Medications for psychiatric disorders
- Methadone
- Buprenorphine with naloxone (*for example, Suboxone®, Bunavail®, Zubsolv®*)
- Buprenorphine without naloxone
- Buprenorphine sub-dermal implant (*Probuphine®*)
- Buprenorphine (*extended-release, injectable, for example, Sublocade®*)
- New! Medications for HIV treatment (*for example, antiretroviral medications such as tenofovir, efavirenz, emtricitabine, atazanavir, and lamivudine*)
- New! Medications for Hepatitis C (HCV) treatment (*for example, sofosbuvir, ledipasvir, interferon, peginterferon, ribavirin*)
- New! Lofexidine
- New! Clonidine
- We do not offer any of these pharmacotherapy services

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[Plain Language](#)

Attachment B4- N-SSATS 2019 screens for online questionnaire

27%

You've completed 27% of your questionnaire!

FACILITY CHARACTERISTICS

*13. Facilities may treat a range of substance use disorders. The next series of questions focuses only on how this facility treats opioid use disorder.

How does this facility treat opioid use disorder?

- Medication assisted treatment (MAT) includes the use of methadone, buprenorphine and/or naltrexone for the treatment of opioid use disorder. For this question, MAT refers to any or all of these medications unless specified.

SELECT ALL THAT APPLY

- This facility does not treat opioid use disorder.
- This facility uses methadone or buprenorphine for pain management, emergency cases, or research purposes. It is NOT a **federally-certified Opioid Treatment Program (OTP)**.
- This facility treats opioid use disorder, but it does not use medication assisted treatment (MAT), nor does it accept clients using MAT to treat opioid use disorder.
- This facility accepts clients using MAT, but the medications originate from or are prescribed by another entity. *(The medications may or may not be stored/delivered/monitored onsite.)*
- This facility administers naltrexone to treat opioid use disorder. Naltrexone use is authorized through any medical staff who have prescribing privileges.
- This facility prescribes buprenorphine to treat opioid use disorder. Buprenorphine use is authorized through a DATA 2000 waived physician, physician assistant, or nurse practitioner.
- This facility is a **federally-certified Opioid Treatment Program (OTP)**. *(Most OTPs administer/dispense methadone; some only use buprenorphine.)*

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[Plain Language](#)

Attachment B4- N-SSATS 2019 screens for online questionnaire

34%

You've completed 34% of your questionnaire!

FACILITY CHARACTERISTICS

New!

***13a. From where do these clients obtain their medications?**

SELECT ALL THAT APPLY

- The prescribing entity is in our network.
- There is a business, contractual, or formal referral relationship with the prescribing entity.
- The client obtains their prescription/medication from their personal physician/health care provider.
- Other (Please specify)

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[Plain Language](#)

Attachment B4- N-SSATS 2019 screens for online questionnaire

35%

You've completed 35% of your questionnaire!

FACILITY CHARACTERISTICS

*13b. Does this facility serve only opioid use disorder clients?

- Yes
- No

Submit Page and Continue

Start Page Over

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[Plain Language](#)

Attachment B4- N-SSATS 2019 screens for online questionnaire

35%

You've completed 35% of your questionnaire!

FACILITY CHARACTERISTICS

*13c. Which of the following medication services does this program provide?

SELECT ALL THAT APPLY

- Maintenance services with methadone or buprenorphine
- Maintenance services with medically-supervised withdrawal (or taper) after a period of stabilization
- Detoxification from opioids of abuse with methadone or buprenorphine
- New! Detoxification from opioids of abuse with lofexidine or clonidine
- Relapse prevention with naltrexone
- New! Other (Please specify)
- New! We do not offer any of these medication services

Submit Page and Continue

Start Page Over

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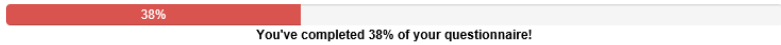
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[Plain Language](#)

Attachment B4- N-SSATS 2019 screens for online questionnaire



FACILITY CHARACTERISTICS

13d. Approximately what percent of clients on MAT receive the following medication services for opioid use disorder?

SELECT ONE FOR EACH SERVICE

Service	Not Offered	Received by 33% or Less of Clients	Received by 34% to 67% of Clients	Received by More Than 67% of Clients
1. Maintenance services with methadone or buprenorphine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Maintenance services with medically-supervised withdrawal (or taper) after a period of stabilization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Detoxification from opioids of abuse with methadone or buprenorphine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Detoxification from opioids of abuse with lofexidine or clonidine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Relapse prevention with naltrexone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Other (Please specify: <input type="text"/>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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[Plain Language](#)

Attachment B4- N-SSATS 2019 screens for online questionnaire

38%

You've completed 38% of your questionnaire!

FACILITY CHARACTERISTICS

New!

***14.** Facilities may treat a range of substance use disorders. The next series of questions focuses only on how this facility treats alcohol use disorder.

How does this facility treat alcohol use disorder?

- These medications have been approved by FDA to treat alcohol use disorder: Naltrexone, acamprosate, and disulfiram. For this question, MAT refers to any or all of these three medications.

SELECT ALL THAT APPLY

- This facility does not treat alcohol use disorder.
- This facility treats alcohol use disorder, but it does not use medication assisted treatment (MAT) for alcohol use disorder, nor does it accept clients using MAT to treat alcohol use disorder.
- This facility accepts clients using MAT for alcohol use disorder, but the medications originate from or are prescribed by another entity.
- This facility administers/prescribes at least one of Disulfiram (*Antabuse*®), naltrexone, and/or acamprosate (*Camppra*®) for alcohol use disorder.

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[Plain Language](#)

Attachment B4- N-SSATS 2019 screens for online questionnaire

39%

You've completed 39% of your questionnaire!

FACILITY CHARACTERISTICS

New!

***14a. From where do these clients obtain their medications?**

SELECT ALL THAT APPLY

- The prescribing entity is in our network.
- There is a business, contractual, or formal referral relationship with the prescribing entity.
- The client obtains their prescription/medication from their personal physician/health care provider.
- Other (Please specify)

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Attachment B4- N-SSATS 2019 screens for online questionnaire

39%

You've completed 39% of your questionnaire!

FACILITY CHARACTERISTICS

~~New!~~

***14b.** Does this facility serve only alcohol use disorder clients?

Yes

No

Submit Page and Continue

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[Plain Language](#)

Attachment B4- N-SSATS 2019 screens for online questionnaire

40%

You've completed 40% of your questionnaire!

FACILITY CHARACTERISTICS

New!

***15. Which of the following clinical/therapeutic approaches listed below are used frequently at this facility?**

SELECT ALL THAT APPLY

- Substance abuse counseling
- 12-step facilitation
- Brief intervention
- Cognitive behavioral therapy
- Dialectical behavior therapy
- Contingency management/motivational incentives
- Motivational interviewing
- Trauma-related counseling
- Anger management
- Matrix Model
- Community reinforcement plus vouchers
- Rational emotive behavioral therapy (REBT)
- Relapse prevention
- Telemedicine/telehealth (including Internet, Web, mobile, and desktop programs)
- Other treatment approach (Please specify)
- We do not use any of these clinical/therapeutic approaches

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[Plain Language](#)

Attachment B4- N-SSATS 2019 screens for online questionnaire

41%

You've completed 41% of your questionnaire!

FACILITY CHARACTERISTICS

*16. Does this facility, abc 10320, 2003 Godwin Avenue, offer a **specialty designed** program or group intended **exclusively** for DUI/DWI or other drunk driver offenders?

Yes

No

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[Plain Language](#)

Attachment B4- N-SSATS 2019 screens for online questionnaire

41%

You've completed 41% of your questionnaire!

FACILITY CHARACTERISTICS

*16a. Does this facility serve only DUI/DWI clients?

Yes

No

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[Plain Language](#)

Attachment B4- N-SSATS 2019 screens for online questionnaire

42%

You've completed 42% of your questionnaire!

FACILITY CHARACTERISTICS

*17. Does this facility provide substance use treatment services in sign language at this location for the deaf and hard of hearing (for example, American Sign Language, Signed English, or Cued Speech)?

• Select "yes" if either a staff counselor or an on-call interpreter provides this service.

Yes

No

Submit Page and Continue

Start Page Over

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[Plain Language](#)

Attachment B4- N-SSATS 2019 screens for online questionnaire

42%

You've completed 42% of your questionnaire!

FACILITY CHARACTERISTICS

***18. Does this facility provide substance use treatment services in a language other than English at this location?**

• You should answer "Yes" if either a staff counselor or an on-call interpreter provides this service.

Yes

No

Submit Page and Continue

Start Page Over

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[Plain Language](#)

Attachment B4- N-SSATS 2019 screens for online questionnaire



FACILITY CHARACTERISTICS

18a. At this facility, who provides substance use treatment services in a language other than English?

SELECT ONE ONLY

- Staff counselor who speaks a language other than English
- On-call interpreter (*in person or by phone*) brought in when needed
- BOTH staff counselor and on-call interpreter

Submit Page and Continue

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[Plain Language](#)

Attachment B4- N-SSATS 2019 screens for online questionnaire

43%

You've completed 43% of your questionnaire!

FACILITY CHARACTERISTICS

***18a1. Do staff counselors provide substance use treatment in Spanish at this facility?**

- Yes
- No

Submit Page and Continue

Start Page Over

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[Plain Language](#)

Attachment B4- N-SSATS 2019 screens for online questionnaire

44%

You've completed 44% of your questionnaire!

FACILITY CHARACTERISTICS

18a2. Do staff counselors at this facility provide substance use treatment in any other languages?

Yes

No

Submit Page and Continue

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[Plain Language](#)

Attachment B4- N-SSATS 2019 screens for online questionnaire

44%

You've completed 44% of your questionnaire!

FACILITY CHARACTERISTICS

***18b. In what other languages do staff counselors provide substance use treatment at this facility?**

- Do not count languages provided only by on-call interpreters.

SELECT ALL THAT APPLY

AMERICAN INDIAN OR ALASKA NATIVE:

- Hopi
- Lakota
- Navajo
- Ojibwa
- Yupik
- Other American Indian or Alaska Native language
(Please specify)

OTHER LANGUAGES

- Arabic
- Any Chinese Language
- Creole
- Farsi
- French
- German
- Greek
- Hebrew
- Hindi
- Hmong
- Italian
- Japanese
- Korean
- Polish
- Portuguese
- Russian
- Tagalog
- Vietnamese
- Any other language
(Please specify)

Submit Page and Continue

Start Page Over

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[Plain Language](#)

Attachment B4- N-SSATS 2019 screens for online questionnaire

45%

You've completed 45% of your questionnaire!

FACILITY CHARACTERISTICS

***19. Individuals seeking substance use treatment can vary by age, gender or other characteristics.**

Are females served by this facility, at this location?

Yes

No

Submit Page and Continue

Start Page Over

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[Plain Language](#)

Attachment B4- N-SSATS 2019 screens for online questionnaire

46%

You've completed 46% of your questionnaire!

FACILITY CHARACTERISTICS

*19. What are the lowest and highest ages of females served by this facility?

• Indicate only the highest or lowest age the facility would accept. *Do not indicate* the highest or lowest age currently receiving services in the facility.

Type of Client: Female

What is the Lowest Age Served?

YEARS No minimum age

What is the Highest Age Served?

YEARS No maximum age

Submit Page and Continue

Start Page Over

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[Plain Language](#)

Attachment B4- N-SSATS 2019 screens for online questionnaire

47%

You've completed 47% of your questionnaire!

FACILITY CHARACTERISTICS

***19. Individuals seeking substance use treatment can vary by age, gender or other characteristics.**

Are males served by this facility, at this location?

Yes

No

Submit Page and Continue

Start Page Over

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[Plain Language](#)

Attachment B4- N-SSATS 2019 screens for online questionnaire

47%

You've completed 47% of your questionnaire!

FACILITY CHARACTERISTICS

*19. What are the lowest and highest ages of males served by this facility?

• Indicate only the highest or lowest age the facility would accept. *Do not indicate* the highest or lowest age currently receiving services in the facility.

Type of Client: Male

What is the Lowest Age Served?

YEARS No minimum age

What is the Highest Age Served?

YEARS No maximum age

Submit Page and Continue

Start Page Over

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[Plain Language](#)

Attachment B4- N-SSATS 2019 screens for online questionnaire

49%

You've completed 49% of your questionnaire!

FACILITY CHARACTERISTICS

*19a. Many facilities have clients in one or more of the following categories. For which client categories does this facility at this location offer a substance use treatment program or group specifically tailored for clients in that category?

If this facility treats clients in any of these categories but does not have a specifically tailored program or group for them, do not mark the box for that category.

SELECT ALL THAT APPLY

- Adolescents
- Young adults
- Adult women
- Pregnant/postpartum women
- Adult men
- Seniors or older adults
- Lesbian, gay, bisexual, transgender (LGBT) clients
- Veterans
- Active duty military
- Members of military families
- Criminal justice clients (other than DUI/DWI)
- Clients with co-occurring mental and substance abuse disorders
- Clients with co-occurring pain and substance use
- Clients with HIV or AIDS
- Clients who have experienced sexual abuse
- Clients who have experienced intimate partner violence, domestic violence
- Clients who have experienced trauma
- Specifically tailored programs or groups for any other types of clients
(Please specify)
- No specifically tailored programs or groups are offered

New!

Submit Page and Continue

Start Page Over

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[Plain Language](#)

Attachment B4- N-SSATS 2019 screens for online questionnaire

56%

You've completed 56% of your questionnaire!

FACILITY CHARACTERISTICS

*20. Does this facility use a sliding fee scale?

• *Sliding fee scales are based on income and other factors.*

Yes

No

Submit Page and Continue

Start Page Over

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[Plain Language](#)

Attachment B4- N-SSATS 2019 screens for online questionnaire

56%

You've completed 56% of your questionnaire!

FACILITY CHARACTERISTICS

20a. Do you want the availability of a sliding fee scale published in SAMHSA's online Locator and Directory?

- *The Directory is an annual publication listing substance abuse treatment facilities in the United States and the services they offer. The Locator is an online version of the Directory that also includes a mapping feature so clients can find facilities easily.*
- *The online Locator and Directory will explain that potential clients should call the facility for information on eligibility.*

Yes

No

Submit Page and Continue

Start Page Over

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[Plain Language](#)

Attachment B4- N-SSATS 2019 screens for online questionnaire

57%

You've completed 57% of your questionnaire!

FACILITY CHARACTERISTICS

***21.** Does this facility offer treatment at no charge or minimal payment (for example, \$1) to clients who cannot afford to pay?

Yes

No

Submit Page and Continue

Start Page Over

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[Plain Language](#)

Attachment B4- N-SSATS 2019 screens for online questionnaire

57%

You've completed 57% of your questionnaire!

FACILITY CHARACTERISTICS

21a. Do you want the availability of treatment at no charge or minimal payment (for example, \$1) for eligible clients published in SAMHSA's online Locator and Directory?

- *The Directory is an annual publication listing substance abuse treatment facilities in the United States and the services they offer. The Locator is an online version of the Directory that also includes a mapping feature so clients can find facilities easily.*
- *The online Locator and Directory will explain that potential clients should call the facility for information on eligibility.*

Yes

No

Submit Page and Continue

Start Page Over

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[Plain Language](#)

Attachment B4- N-SSATS 2019 screens for online questionnaire

58%

You've completed 58% of your questionnaire!

FACILITY CHARACTERISTICS

***22. Does this facility receive any funding or grants from the Federal Government, or state, county or local governments, to support its substance use treatment programs?**

• Do not include *Medicare, Medicaid, or federal military insurance*. These forms of client payments are included in the next question.

Yes

No

Don't Know

Submit Page and Continue

Start Page Over

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[Plain Language](#)

Attachment B4- N-SSATS 2019 screens for online questionnaire

58%

You've completed 58% of your questionnaire!

FACILITY CHARACTERISTICS

*23. Which of the following types of client payments or insurance are accepted by this facility for **substance use treatment**?

SELECT "YES," "NO," OR "DON'T KNOW" FOR EACH

	Yes	No	Don't Know
1. No payment accepted (<i>free treatment for ALL clients</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Cash or self-payment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Medicare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Medicaid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. State-financed health insurance plan other than Medicaid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Federal military insurance (e.g., TRICARE)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Private health insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. IHS/Tribal/Urban (ITU) funds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Other (Please specify: <input type="text"/>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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[Plain Language](#)

Attachment B4- N-SSATS 2019 screens for online questionnaire

60%

You've completed 60% of your questionnaire!

REPORTING CLIENT COUNTS

24. Questions 25 through 30 ask about the number of clients in treatment. If possible, report clients for this facility only. However, we realize that is not always possible. Please indicate whether the clients you report will be for...

SELECT ONE ONLY

- Only this facility
- This facility plus others
- Another facility will report this facility's client counts

Submit Page and Continue

Start Page Over

✘ Quit for now

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[Plain Language](#)

Attachment B4- N-SSATS 2019 screens for online questionnaire



REPORTING CLIENT COUNTS

24a. How many facilities will be included in your client counts?

Enter the number of additional facilities included in client counts in the box below.

This facility: 1

+ ADDITIONAL FACILITIES:

Submit Page and Continue

Start Page Over

For Section B, please include all of these facilities in the client counts that you report in questions 25 through 30.

✘ Quit for now

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[Plain Language](#)

Attachment B4- N-SSATS 2019 screens for online questionnaire

61%

You've completed 61% of your questionnaire!

REPORTING CLIENT COUNTS

24b. To avoid double-counting clients, we need to know which facilities are included in your counts. How will you report this information to us?

SELECT ONE ONLY

- I prefer to enter the information now
- Please call me for the list of additional facilities included in these counts

Submit Page and Continue

Start Page Over

✘ Quit for now

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[Plain Language](#)

Attachment B4- N-SSATS 2019 screens for online questionnaire

62%

You've completed 62% of your questionnaire!

REPORTING CLIENT COUNTS

24c. Our records indicate that the facilities listed below are in your network. Please select any of these facilities that you will be reporting client counts for. You will have the opportunity to enter additional facility information on a subsequent screen if not all facilities you are reporting for are listed below.

SELECT ALL THAT APPLY

If one or more of the facilities in your network is not listed below, please call the helpline at 1-888-324-8337.

abc 6968 xyz 6968 -- 905 Holiday Drive , Ardmore OK 73401

abc 6981 -- 4149 Highline Boulevard Suite 380, Oklahoma City OK 73108

Submit Page and Continue

Start Page Over

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[Plain Language](#)

Attachment B4- N-SSATS 2019 screens for online questionnaire

62%

You've completed 62% of your questionnaire!

REPORTING CLIENT COUNTS

24d. Please provide the facility name, location address, and phone number for each of the additional facilities included in your client counts. Also indicate if that facility offers hospital inpatient, residential, and/or outpatient substance abuse treatment at that location.

Please scroll through the entire page, listing all of the additional facilities (do not list this facility). Also, answer the question at the bottom of the page before pressing the "Submit" button to advance.

Facility Name *(Line 1)*

(Line 2)

Location Address:

Street Address

Street Address 2

City

State

Please Select



Zip

Facility Phone

Ext

Facility Email Address

HOSPITAL INPATIENT

RESIDENTIAL

OUTPATIENT

Before advancing to the next question, please respond to one of the following statements:

I have entered all the additional facilities that are included in the client counts reported in this questionnaire.

I did not enter all the additional facilities that are included in the client counts reported in this questionnaire. Please have someone contact me.

Submit Page and Continue

Start Page Over

Quit for now

Review my answers

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[Plain Language](#)

Attachment B4- N-SSATS 2019 screens for online questionnaire

63%

You've completed 63% of your questionnaire!

REPORTING CLIENT COUNTS

25. On March 29, 2019, did any patients receive HOSPITAL INPATIENT substance abuse services at this facility?

Yes

No

Submit Page and Continue

Start Page Over

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Attachment B4- N-SSATS 2019 screens for online questionnaire

64%

You've completed 64% of your questionnaire!

REPORTING CLIENT COUNTS

25a. On March 29, 2019, how many patients received the following HOSPITAL INPATIENT substance abuse services at this facility?

- COUNT a patient in **one service only**, even if the patient received both services.
- DO NOT count family members, friends, or other non-treatment patients.

ENTER A NUMBER FOR EACH (IF NONE, ENTER "0")

1. Hospital inpatient detoxification

(Similar to ASAM Levels IV-D and III.7-D, medically managed or monitored inpatient detoxification)

2. Hospital inpatient treatment

(Similar to ASAM Levels IV and III.7, medically managed or monitored intensive inpatient treatment)

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[Plain Language](#)

Attachment B4- N-SSATS 2019 screens for online questionnaire

66%

You've completed 66% of your questionnaire!

REPORTING CLIENT COUNTS

25b. How many of the 0 HOSPITAL INPATIENTS were under the age of 18?

ENTER A NUMBER (IF NONE, ENTER "0")

Number under age 18

Submit Page and Continue

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Attachment B4- N-SSATS 2019 screens for online questionnaire

67%

You've completed 67% of your questionnaire!

REPORTING CLIENT COUNTS

25c. How many of the patients from the 0 HOSPITAL INPATIENTS received:

- Include patients who received these drugs for detoxification, maintenance, or relapse prevention for opioid use disorder.

ENTER A NUMBER FOR EACH (IF NONE, ENTER "0")

1. Methadone dispensed at this facility for opioid use disorder

2. Buprenorphine dispensed or prescribed at this facility for opioid use disorder

3. Naltrexone administered at this facility for opioid use disorder

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Attachment B4- N-SSATS 2019 screens for online questionnaire

70%

You've completed 70% of your questionnaire!

REPORTING CLIENT COUNTS

New!

25d. How many of the patients from the 0 HOSPITAL INPATIENTS received:

- Include clients who received these medications for alcohol use disorder.

ENTER A NUMBER FOR EACH (IF NONE, ENTER "0")

1. Disulfiram (*Antabuse*®) dispensed or prescribed at this facility for alcohol use disorder

2. Naltrexone dispensed or prescribed at this facility for alcohol use disorder

3. Acamprosate (*Campra*®) dispensed or prescribed at this facility for alcohol use disorder

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[Plain Language](#)

Attachment B4- N-SSATS 2019 screens for online questionnaire

71%

You've completed 71% of your questionnaire!

REPORTING CLIENT COUNTS

25e. On March 29, 2019, how many hospital inpatient beds at this facility were specifically designated for substance use treatment?

ENTER A NUMBER (IF NONE, ENTER "0")

Number of beds

Submit Page and Continue

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[Plain Language](#)

Attachment B4- N-SSATS 2019 screens for online questionnaire

72%

You've completed 72% of your questionnaire!

REPORTING CLIENT COUNTS

26. On March 29, 2019, did any clients receive RESIDENTIAL (non-hospital) substance abuse services at this facility?

Yes

No

Submit Page and Continue

Start Page Over

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[Plain Language](#)

Attachment B4- N-SSATS 2019 screens for online questionnaire

72%

You've completed 72% of your questionnaire!

REPORTING CLIENT COUNTS

26a. On March 29, 2019, how many clients received the following RESIDENTIAL substance abuse services at this facility?

- **COUNT** a client in **one service only**, even if the client received multiple services.
- **DO NOT** count family members, friends, or other non-treatment clients.

ENTER A NUMBER FOR EACH (IF NONE, ENTER "0")

1. Residential detoxification

(Similar to ASAM Level III.2-D, clinically managed residential detoxification or social detoxification)

2. Residential short-term treatment

(Similar to ASAM Level III.5, clinically managed high-intensity residential treatment, typically 30 days or less)

3. Residential long-term treatment

(Similar to ASAM Levels III.3 and III.1, clinically managed medium- or low-intensity residential treatment, typically more than 30 days)

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[Plain Language](#)

Attachment B4- N-SSATS 2019 screens for online questionnaire

75%

You've completed 75% of your questionnaire!

REPORTING CLIENT COUNTS

26b. How many of the 0 RESIDENTIAL clients were under the age of 18?

ENTER A NUMBER (IF NONE, ENTER "0")

Number under age 18

Submit Page and Continue

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[Plain Language](#)

Attachment B4- N-SSATS 2019 screens for online questionnaire

76%

You've completed 76% of your questionnaire!

REPORTING CLIENT COUNTS

26c. How many of the clients from the 0 RESIDENTIAL clients received:

- Include clients who received these drugs for detoxification, maintenance, or relapse prevention for opioid use disorder.

ENTER A NUMBER FOR EACH (IF NONE, ENTER "0")

1. Methadone dispensed at this facility for opioid use disorder

2. Buprenorphine dispensed or prescribed at this facility for opioid use disorder

3. Naltrexone administered at this facility for opioid use disorder

Submit Page and Continue

Start Page Over

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[Plain Language](#)

Attachment B4- N-SSATS 2019 screens for online questionnaire

79%

You've completed 79% of your questionnaire!

REPORTING CLIENT COUNTS

~~New!~~

26d. How many of the clients from the 0 RESIDENTIAL clients received:

- *Include clients who received these medications for alcohol use disorder.*

ENTER A NUMBER FOR EACH (IF NONE, ENTER "0")

1. Disulfiram (*Antabuse*®) dispensed or prescribed at this facility for alcohol use disorder

2. Naltrexone dispensed or prescribed at this facility for alcohol use disorder

3. Acamprosate (*Campraf*®) dispensed or prescribed at this facility for alcohol use disorder

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[Plain Language](#)

Attachment B4- N-SSATS 2019 screens for online questionnaire

80%

You've completed 80% of your questionnaire!

REPORTING CLIENT COUNTS

26e. On March 29, 2019, how many residential beds at this facility were specifically designated for substance use treatment?

ENTER A NUMBER (IF NONE, ENTER "0")

Number of beds

Submit Page and Continue

Start Page Over

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[Plain Language](#)

Attachment B4- N-SSATS 2019 screens for online questionnaire

81%

You've completed 81% of your questionnaire!

REPORTING CLIENT COUNTS

27. During the month of March 2019, did any clients receive **OUTPATIENT** substance abuse services at this facility?

Yes

No

Submit Page and Continue

Start Page Over

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[Plain Language](#)

Attachment B4- N-SSATS 2019 screens for online questionnaire

82%

You've completed 82% of your questionnaire!

REPORTING CLIENT COUNTS

27a. As of March 29, 2019, how many active clients were receiving each of the following OUTPATIENT substance abuse services at this facility?

- An active client is a client who received treatment in March **AND is still enrolled in treatment on March 29, 2019.**
- **COUNT** a client in **one service only**, even if the client received multiple services.
- **DO NOT** count family members, friends, or other non-treatment clients.

ENTER A NUMBER FOR EACH (IF NONE, ENTER "0")

1. Outpatient detoxification

(Similar to ASAM Levels I-D and II-D, ambulatory detoxification)

2. Outpatient methadone/buprenorphine maintenance or naltrexone treatment

(Count methadone/buprenorphine/naltrexone clients on this line only)

3. Outpatient day treatment or partial hospitalization

(Similar to ASAM Level II.5, 20 or more hours per week)

4. Intensive outpatient treatment

(Similar to ASAM Level II.1, 9 or more hours per week)

5. Regular outpatient treatment

(Similar to ASAM Level I, outpatient treatment, non-intensive)

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[Plain Language](#)

Attachment B4- N-SSATS 2019 screens for online questionnaire

85%

You've completed 85% of your questionnaire!

REPORTING CLIENT COUNTS

27b. How many of the 0 OUTPATIENT clients were under the age of 18?

ENTER A NUMBER (IF NONE, ENTER "0")

Number under age 18

Submit Page and Continue

Start Page Over

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[Plain Language](#)

Attachment B4- N-SSATS 2019 screens for online questionnaire

87%

You've completed 87% of your questionnaire!

REPORTING CLIENT COUNTS

27c. How many of the clients from the 0 OUTPATIENT clients received:

- Include clients who received these drugs for detoxification, maintenance, or relapse prevention for opioid use disorder.

ENTER A NUMBER FOR EACH (IF NONE, ENTER "0")

1. Methadone dispensed at this facility for opioid use disorder

2. Buprenorphine dispensed or prescribed at this facility for opioid use disorder

3. Naltrexone administered at this facility for opioid use disorder

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[Plain Language](#)

Attachment B4- N-SSATS 2019 screens for online questionnaire

91%

You've completed 91% of your questionnaire!

REPORTING CLIENT COUNTS

 New!

27d. How many of the clients from the 0 OUTPATIENT clients received:

- Include clients who received these medications for alcohol use disorder.

ENTER A NUMBER FOR EACH (IF NONE, ENTER "0")


1. Disulfiram (*Antabuse*®) dispensed or prescribed at this facility for alcohol use disorder


2. Naltrexone dispensed or prescribed at this facility for alcohol use disorder


3. Acamprostate (*Campra*®) dispensed or prescribed at this facility for alcohol use disorder

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Attachment B4- N-SSATS 2019 screens for online questionnaire

92%

You've completed 92% of your questionnaire!

REPORTING CLIENT COUNTS

28. This question asks you to categorize the substance use treatment clients at this facility into three groups: clients in treatment for (1) abuse of both alcohol and substances other than alcohol; (2) abuse only of alcohol; or (3) abuse only of substances other than alcohol.

Enter the percent of clients on March 29, 2019, who were in each of these three groups:

Clients in treatment for abuse of:

The following three responses should total 100%. If not, please reconcile.

1. BOTH alcohol and substances other than alcohol

percent (%)

2. ONLY alcohol

percent (%)

3. ONLY substances other than alcohol

percent (%)

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Attachment B4- N-SSATS 2019 screens for online questionnaire

92%

You've completed 92% of your questionnaire!

REPORTING CLIENT COUNTS

29. **Approximately what percent of the substance use treatment clients enrolled at this facility on March 29, 2019, had a diagnosed co-occurring mental and substance abuse disorder?**

PERCENT OF CLIENTS
(IF NONE, ENTER "0")

percent (%)

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Attachment B4- N-SSATS 2019 screens for online questionnaire

92%

You've completed 92% of your questionnaire!

REPORTING CLIENT COUNTS

30. Using the most recent 12-month period for which you have data, approximately how many substance use treatment ADMISSIONS did this facility have?

- **OUTPATIENT CLIENTS:** Count admissions into treatment, not individual treatment visits. Consider an admission to be the initiation of a treatment program or course of treatment. Count any re-admission as an admission.
- **IF THIS IS A MENTAL HEALTH FACILITY:** Count all admissions in which clients received substance use treatment, even if substance abuse was their secondary diagnosis.

NUMBER OF SUBSTANCE ABUSE
ADMISSIONS IN A 12-MONTH PERIOD

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Attachment B4- N-SSATS 2019 screens for online questionnaire

93%

You've completed 93% of your questionnaire!

GENERAL INFORMATION

*31. Is this facility a hospital or located in or operated by a hospital?

Yes

No

Submit Page and Continue

Start Page Over

* Information from asterisked (*) questions may be published in SAMHSA's online Behavioral Health Treatment Services Locator (found at <https://findtreatment.samhsa.gov>), in SAMHSA's *National Directory of Drug and Alcohol Abuse Treatment Programs*, and other publicly-available listings, unless you designate otherwise in question 35 of this questionnaire.

✘ Quit for now

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Attachment B4- N-SSATS 2019 screens for online questionnaire

94%

You've completed 94% of your questionnaire!

GENERAL INFORMATION

***31a. What type of hospital?**

SELECT ONE ONLY

General hospital (including VA hospital)

Psychiatric hospital

Other specialty hospital, for example, alcoholism, maternity, etc. (Please specify: _____)

Submit Page and Continue

Start Page Over

* Information from asterisked (*) questions may be published in SAMHSA's online Behavioral Health Treatment Services Locator (found at <https://findtreatment.samhsa.gov>), in SAMHSA's National Directory of Drug and Alcohol Abuse Treatment Programs, and other publicly-available listings, unless you designate otherwise in question 35 of this questionnaire.

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[Plain Language](#)

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94%

You've completed 94% of your questionnaire!

GENERAL INFORMATION

*32. Does this facility operate **transitional housing**, a **halfway house**, or a **sober home** for substance abuse clients at this location, that is, *abc 10320, 2003 Godwin Avenue*?

Yes

No

Submit Page and Continue

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* Information from asterisked (*) questions may be published in SAMHSA's online Behavioral Health Treatment Services Locator (found at <https://findtreatment.samhsa.gov>), in SAMHSA's *National Directory of Drug and Alcohol Abuse Treatment Programs*, and other publicly-available listings, unless you designate otherwise in question 35 of this questionnaire.

✘ Quit for now

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95%

You've completed 95% of your questionnaire!

GENERAL INFORMATION

*33. Which of the following statements BEST describes this facility's smoking policy for clients?

SELECT ONE ONLY

Not permitted to smoke anywhere outside or within any building

Permitted in designated outdoor area(s)

Permitted anywhere outside

Permitted in designated indoor area(s)

Permitted anywhere inside

Permitted anywhere without restriction

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95%

You've completed 95% of your questionnaire!

GENERAL INFORMATION

*34. Is this facility or program licensed, certified, or accredited to provide substance abuse services by any of the following organizations?

• Do not consider personal-level credentials or general business licenses such as a food service license.

SELECT "YES," "NO," OR "DON'T KNOW" FOR EACH

	Yes	No	Don't Know
1. State substance abuse agency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. State mental health department	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. State department of health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Hospital licensing authority	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. The Joint Commission	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Commission on Accreditation of Rehabilitation Facilities (CARF)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. National Committee for Quality Assurance (NCQA)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Council on Accreditation (COA)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Healthcare Facilities Accreditation Program (HFAP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Other national organization or federal, state, or local agency (Please specify: <input type="text"/>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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97%

You've completed 97% of your questionnaire!

GENERAL INFORMATION

35. If eligible, does this facility want to be listed in the *Directory* and the online Locator?

- The *Directory* is an annual publication listing substance abuse treatment facilities in the United States and the services they offer. The *Locator* is an online version of the *Directory* that also includes a mapping feature so clients can find facilities easily.
- The *Directory* will be available at <https://www.samhsa.gov/data/substance-abuse-facilities-data-nssats>
- The *Locator* can be found at <https://findtreatment.samhsa.gov>

Yes

No

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98%

You've completed 98% of your questionnaire!

GENERAL INFORMATION

35a. To increase public awareness of behavioral health services, SAMHSA may be sharing facility contact information with large commercially available Internet search engines, such as Google, Bing, Yahoo!, etc. Do you want your facility information shared on these Internet search engines?

- Information to be shared would be: facility name, location address, telephone number, and website address.

- Yes
- No

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100%

You've completed 100% of your questionnaire!

GENERAL INFORMATION

36. Would you like to provide us with any comments regarding your experience completing this questionnaire?

Yes

No

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100%

You've completed 100% of your questionnaire!

GENERAL INFORMATION

37. Please enter your comments below.

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