

SAMHSA's Publications and Digital Products Web Site Registration Survey

Burden Statement: This voluntary information collected will be used at an aggregate level to determine the reach, consistency, and quality of SAMHSA's Publications and Digital Products Web Site Registration Survey Program. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0930-0313. Public reporting burden for this collection of information is estimated to average 2 minutes per encounter, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 5600 Fishers Ln, Room 15E57B, Rockville, MD 20857.

1. What is the primary reason for your visit to store.samhsa.gov today?

- Professional
- Personal
- Student
- Other

Screenshots of PEP SAMHSA's Publications and Digital Products Web Site Registration Survey
3/3/2020

2. Please choose your primary affiliation:

- Mental and/or Substance Use Disorders Practitioner
- Other Health Care Practitioner
- Government Employee or Contractor
- Nonprofit/Community-based Organization/Coalition Staff
- University Faculty
- K-12 Teacher, Counselor, or Administrator
- Military/Veteran
- Criminal Justice Professional
- Insurer
- Human Resources Professional/Employee Assistance Program
- Other

3. Are you or your organization a current recipient of a SAMHSA grant?

- Yes
- No
- I Don't Know

4. Enter your grantee number.

5. Enter your grantee organization name.

4. I work in:

2. I am seeking information for:

- Myself
- A family member/friend who needs help
- An employee/supervisor who needs help
- Other

3. I live in:

Other country 

2. I am currently enrolled in a:

- High school
- College/undergraduate program
- Graduate school
- Post-graduate program

3. I attend school in:

Other country 

7. Would you like to sign-up for email updates from SAMHSA to receive the latest information and resources on mental and substance use disorders?

- Yes
- No

[Click here to sign-up for SAMHSA email updates.](#)

Screenshots of PEP SAMHSA's Publications and Digital Products Web Site Registration Survey
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List of values displayed for questions:

- a. I work in:
- b. I live in:
- c. I study in:

- Alabama
- Alaska
- American Samoa
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- District of Columbia
- Florida
- Georgia
- Guam
- Hawaii
- Idaho
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi
- Missouri
- Montana
- Nebraska
- Northern Mariana Islands
- Nevada
- New Hampshire
- New Jersey
- New Mexico
- New York
- North Carolina
- North Dakota
- Ohio
- Oklahoma
- Oregon
- Pennsylvania
- Puerto Rico
- Rhode Island
- South Carolina
- South Dakota
- Tennessee
- Texas
- U.S. Virgin Islands
- Utah
- Vermont
- Virginia
- Washington
- West Virginia
- Wisconsin
- Wyoming
- Other country