#### SAMHSA's Publications and Digital Products Web Site Registration Survey

All respondents will see:

**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.

| All respondents will see | ΑII | res | pond | lents | will | see |
|--------------------------|-----|-----|------|-------|------|-----|
|--------------------------|-----|-----|------|-------|------|-----|

| 1. What is the primary reason for your visit to store.samhsa.gov today? |
|---|
| Professional  |
| O Personal  |
| ○ Student   |
| Other   |

Respondents who selected "Professional" will see:

| 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                        |
| O University Faculty  |
| ○ K-12 Teacher, Counselor, or Administrator                                   |
| ○ Military/Veteran  |
| Criminal Justice Professional   |
| ○ Insurer   |
| Human Resources Professional/Employee Assistance Program                      |
| Other   |
| Respondents who selected "Professional" and any of the above values will see: |
| 3. Are you or your organization a current recipient of a SAMHSA grant?        |
| ○ Yes   |
| ○ No  |
| ○ I Don't Know  |

Respondents who selected "Professional" and "Yes" to the previous question will see:

|    | 4. Enter your grantee number.                    |
|----|--|
|    |  |
|    |  |
|    | 5. Enter your grantee organization name.         |
|    |  |
|    |  |
|    |  |
| Re | espondents who selected "Professional" will see: |
| 4  | 4. I work in:                                    |
|    | Other country \$                                 |
|    |  |

Note: The full list of values is available <u>here</u>.

Respondents who selected "Personal" will see:

| 2. I am seeking information for:  |
|---|
| ○ Myself  |
| A family member/friend who needs help                                     |
| An employee/supervisor who needs help                                     |
| Other   |
|   |
| Respondents who selected "Personal" and any of the values above will see: |
| 3. I live in:   |
| Other country   |
|   |

Note: The full list of values is available <u>here</u>.

| Respondents who selected "Student" will see:  |
|---|
| 2. I am currently enrolled in a:  |
| ○ High school   |
| Ocllege/undergraduate program   |
| ○ Graduate school   |
| O Post-graduate program   |
| Respondents who selected "Student" and any of the above values will see:  |
| 3. I attend school in:  |
| Other country   |
|   |
| Note: The full list of values is available <a href="here">here</a> .  Respondents who selected "Professional", "Personal" and "Student" will see: |
|   |
| 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  |
| Respondents who selected "Yes" to the above question will see:  |
| Click here to sign-up for SAMHSA email updates.   |
| List of values displayed for questions:   |
| <ul><li>a. I work in:</li><li>b. I live in:</li><li>c. I study in:</li></ul>  |

- Alabama
- Alaska
- American Samoa
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- District of Columbia
- Florida
- Georgia
- Guam
- Hawaii
- Idaho
- Illinois
- Indiana
- lowa
- 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