**Web survey: SAMHSA Store v2**

Navigation (1=Poor, 10=Excellent, Don’t Know)

* Please rate how well the site is organized.
* Please rate the options available for navigating this site.
* Please rate how well the site layout helps you find what you are looking for.

Site Performance (1=Poor, 10=Excellent, Don’t Know)

* Please rate how quickly pages load on this site.
* Please rate the consistency of speed from page to page on this site.
* Please rate the ability to load pages without getting an error message on this site.

Site Information (1=Poor, 10=Excellent, Don’t Know)

Please rate the thoroughness of information provided on this site. Please rate how understandable this site’s information is. Please rate how well the site’s information provides answers to your questions.

Look and Feel (1=Poor, 10=Excellent, Don’t Know))

* Please rate the visual appeal of this site
* Please rate the balance of graphics and text on this site
* Please rate the readability of the pages on this site.

Information Browsing (1=Poor, 10=Excellent, Don’t Know)

* Please rate the ability to sort information by criteria that is important to you on this site.
* Please rate the ability to narrow choices to find the information you are looking for on this site.
* Please rate how well the features on the site help you find the information you are looking for.

Satisfaction

* What is your overall satisfaction with this site? (1=Very Dissatisfied, 10=Very Satisfied)
* How well does this site meet your expectations? (1=Falls Short, 10=Exceeds)
* How does this site compare to your idea of an ideal website? (1=Not Very Close, 10=Very Close)

Future Behaviors

* How likely are you to return to this site? (1=Very Unlikely, 10=Very Likely)
* How likely are you to recommend this site to someone else? (1=Very Unlikely, 10=Very Likely)

How likely are you to use this site as your primary resource for obtaining and ordering publications from this agency? (1=Very Unlikely, 10=Very Likely)

Custom Questions

1. How frequently do you visit the SAMHSA Store?
	1. First time
	2. Daily
	3. Weekly
	4. Monthly
	5. Once every few months or less often
2. What is your primary interest in substance abuse and mental health topics?
	1. Personal
		1. For whom are you looking up information and resources
			1. Yourself
			2. Family member
			3. Friend
		2. What is the age of the person for whom you are seeking resources?
			1. 12 and under
			2. 13 to 17
			3. 18 to 24
			4. 25 to 34
			5. 35 to 44
			6. 45 to 54
			7. 55 to 64
			8. 65 and older
		3. Are you primarily looking for information on any of the following topics?
			1. Treatment and recovery
				1. Please specify the topic of interest for treatment and recovery. (Check all that apply)

Understanding different types of treatment

Information about specific substances of abuse

Information about specific mental illnesses

* + - 1. Preventing substance abuse problems
				1. Please specify the topic of interest for substance abuse prevention. (Check all that apply)

Alcohol

Marijuana

Prescription drugs

Tobacco

Other substances (e.g., cocaine, heroin)

* + - 1. Preventing mental illness/promoting mental wellness
				1. Please specify the topic of interest for preventing mental illness and promoting mental wellness. (Check all that apply)

Anger management

Anxiety or depression

Bullying prevention

Eating disorders

PTSD

Schizophrenia

Stress management

Suicide prevention

* + - 1. Helping someone cope with and recover from a traumatic event
				1. Please specify the topic of interest for trauma recovery. (Check all that apply)

Death of a loved one

Physical or sexual abuse

Natural disaster

Mass violence

Post-military deployment

* + - 1. Other, please specify
				1. Please specify other information looking for.
	1. Professional
		1. What best describes your organization type?
			1. Behavioral health treatment facility
			2. Criminal justice/courts
			3. Health insurer
			4. Human resources/employee assistance programs
			5. Individual or group private practice
			6. Managed care/insurance company office
			7. Military/veterans’ group
			8. Nonprofit/community-based organization/coalition
			9. Non-residential/out-patient facility
			10. Public place/interacting in community
			11. Residential/in-patient facility
			12. School/university
			13. Other
				1. Please specify your organization
		2. For whom are you primarily looking for information and resources
			1. Professional education for self/colleagues
			2. Use with patients/clients
			3. Use within classroom/youth setting
			4. Public awareness campaign/event
			5. Other
		3. Which of the following best describes the age of your patients, clients or students?
			1. 12 and under
			2. 13-17
			3. 18-24
			4. 25-34
			5. 35-44
			6. 45-54
			7. 55-64
			8. 65 and older
		4. Were you primarily looking for information on any of the following topics?
			1. Treatment and recovery
				1. Please specify the topic of interest for treatment and recovery . (Check all that apply)

Patient/client educational materials

Evidence based practices

Information for working with specific population

Information about specific substances of abuse

Information about specific mental illness

* + - 1. Substance abuse prevention
				1. Please specify the topic of interest for substance abuse prevention. (Check all that apply)

Alcohol

Marijuana

Prescription drugs

Tobacco

Other substances (e.g. cocaine, heroin)

Parenting/family resources

* + - 1. Preventing mental illness/promoting mental wellness
				1. Please specify the topic of interest for preventing mental illness and promoting mental wellness . (Check all that apply)

Anger management

Bullying prevention

Eating disorders

Mood disorders

PTSD

Schizophrenia

Stress management

Suicide prevention

Parenting/family resources

* + - 1. Trauma
				1. Please specify the topic of interest for trauma . (Check all that apply)

Grief

Physical or sexual abuse

Natural disaster

Mass violence

Post-military deployment

* + - 1. Other, please specify
				1. Please specify other information looking for
1. Did you find what you were looking for?
	1. Yes
	2. No
	3. Partially
	4. Still looking
2. How satisfied were you with the content available?
	1. Very satisfied
	2. Somewhat satisfied
	3. No opinion
	4. Somewhat dissatisfied
		1. Please tell us how our products and resources could be improved
	5. Very dissatisfied
		1. Please tell us how our products and resources could be improved
3. What services could this agency provide to better serve you?
4. Please specify the types of electronic devices you use. (Check all that apply)
	1. Desktop or laptop computer
	2. Tablet or e-reader (e.g., iPad, Kindle, Nook)
	3. Smartphone (e.g., iPhone or similar devices with web access)
	4. Cell phone
5. What is your gender
	1. Female
	2. Male
	3. Prefer not to respond
6. Please select the category that includes your age
	1. 17 and under
	2. 18-24
	3. 25-34
	4. 35-44
	5. 45-54
	6. 55-64
	7. 65 and older
	8. Prefer not to respond
7. Which of the following best describes the highest level of education you have completed?
	1. Current middle or high school student
	2. Did not complete high school
	3. High school graduate
	4. Some college/vocational school
	5. College graduate
	6. Some postgraduate school
	7. Graduate/professional degree
	8. MD/PhD
	9. Prefer not to respond
8. Where do you live?
	1. United States
		1. Please select your state.
			1. Alabama
			2. Alaska
			3. Arizona
			4. Arkansas
			5. California
			6. Colorado
			7. Connecticut
			8. Delaware
			9. Florida
			10. Georgia
			11. Hawaii
			12. Idaho
			13. Illinois
			14. Indiana
			15. Iowa
			16. Kansas
			17. Kentucky
			18. Louisiana
			19. Maine
			20. Maryland
			21. Massachusetts
			22. Michigan
			23. Minnesota
			24. Mississippi
			25. Missouri
			26. Montana
			27. Nebraska
			28. Nevada
			29. New Hampshire
			30. New Jersey
			31. New Mexico
			32. New York
			33. North Carolina
			34. North Dakota
			35. Ohio
			36. Oklahoma
			37. Oregon
			38. Pennsylvania
			39. Rhode Island
			40. South Carolina
			41. South Dakota
			42. Tennessee
			43. Texas
			44. Utah
			45. Vermont
			46. Virginia
			47. Washington
			48. Washington D.C.
			49. West Virginia
			50. Wisconsin
			51. Wyoming
			52. Prefer not to respond
	2. U.S. Territories or Possessions
		1. Please select your place of residence.
			1. American Samoa
			2. Guam
			3. Northern Mariana Islands
			4. Puerto Rico
			5. U.S. Virgin Islands
	3. International (please specify)
		1. Please specify your country.
9. Are you living in a:
	1. Urban area
	2. Rural area
	3. Don't know
10. How do you describe your ethnicity?
	1. Hispanic
	2. Non-Hispanic
	3. Prefer not to respond
11. How do you describe your race?
	1. American Indian or Alaska native
	2. Asian or pacific islander
	3. African American or black
	4. White
	5. Other
	6. Prefer not to respond
12. If you have a visual impairment, was the content accessible?
	1. Yes
	2. No
		1. Please share your difficulties regarding your experience.
	3. I do not have a visual impairment
13. Were you able to access the content in the language of your choice?
	1. Yes
	2. No (
		1. Please specify the language you would prefer.