

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)

Public Burden Statement: 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 OMB control number. The OMB control number for this project is 0930-0393, and it expires 03/31/2026. Public reporting burden for this collection of information is estimated to average 23 minutes per respondent, per year, 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 Lane, Room 15E57A, Rockville, MD 20857.

- 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?
 - a. First time
 - b. Daily
 - c. Weekly
 - d. Monthly
 - e. Once every few months or less often
2. What is your primary interest in substance abuse and mental health topics?
 - a. Personal
 - i. For whom are you looking up information and resources
 1. Yourself
 2. Family member
 3. Friend
 - ii. 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
 - iii. Are you primarily looking for information on any of the following topics?
 1. Treatment and recovery
 - a. Please specify the topic of interest for treatment and recovery.
(Check all that apply)
 - i. Understanding different types of treatment
 - ii. Information about specific substances of abuse
 - iii. Information about specific mental illnesses
 2. Preventing substance abuse problems

- a. Please specify the topic of interest for substance abuse prevention. (Check all that apply)
 - i. Alcohol
 - ii. Marijuana
 - iii. Prescription drugs
 - iv. Tobacco
 - v. Other substances (e.g., cocaine, heroin)
 - 3. Preventing mental illness/promoting mental wellness
 - a. Please specify the topic of interest for preventing mental illness and promoting mental wellness. (Check all that apply)
 - i. Anger management
 - ii. Anxiety or depression
 - iii. Bullying prevention
 - iv. Eating disorders
 - v. PTSD
 - vi. Schizophrenia
 - vii. Stress management
 - viii. Suicide prevention
 - 4. Helping someone cope with and recover from a traumatic event
 - a. Please specify the topic of interest for trauma recovery. (Check all that apply)
 - i. Death of a loved one
 - ii. Physical or sexual abuse
 - iii. Natural disaster
 - iv. Mass violence
 - v. Post-military deployment
 - 5. Other, please specify
 - a. Please specify other information looking for.
- b. Professional
 - i. 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
 - a. Please specify your organization

- ii. 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
- iii. 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
- iv. Were you primarily looking for information on any of the following topics?
 - 1. Treatment and recovery
 - a. Please specify the topic of interest for treatment and recovery .
(Check all that apply)
 - i. Patient/client educational materials
 - ii. Evidence based practices
 - iii. Information for working with specific population
 - iv. Information about specific substances of abuse
 - v. Information about specific mental illness
 - 2. Substance abuse prevention
 - a. Please specify the topic of interest for substance abuse prevention. (Check all that apply)
 - i. Alcohol
 - ii. Marijuana
 - iii. Prescription drugs
 - iv. Tobacco
 - v. Other substances (e.g. cocaine, heroin)
 - vi. Parenting/family resources
 - 3. Preventing mental illness/promoting mental wellness
 - a. Please specify the topic of interest for preventing mental illness and promoting mental wellness . (Check all that apply)
 - i. Anger management
 - ii. Bullying prevention
 - iii. Eating disorders
 - iv. Mood disorders
 - v. PTSD
 - vi. Schizophrenia
 - vii. Stress management

- viii. Suicide prevention
- ix. Parenting/family resources

4. Trauma

- a. Please specify the topic of interest for trauma . (Check all that apply)
 - i. Grief
 - ii. Physical or sexual abuse
 - iii. Natural disaster
 - iv. Mass violence
 - v. Post-military deployment

5. Other, please specify

- a. Please specify other information looking for

3. Did you find what you were looking for?

- a. Yes
- b. No
- c. Partially
- d. Still looking

4. How satisfied were you with the content available?

- a. Very satisfied
- b. Somewhat satisfied
- c. No opinion
- d. Somewhat dissatisfied
 - i. Please tell us how our products and resources could be improved
- e. Very dissatisfied
 - i. Please tell us how our products and resources could be improved

5. What services could this agency provide to better serve you?

6. Please specify the types of electronic devices you use. (Check all that apply)

- a. Desktop or laptop computer
- b. Tablet or e-reader (e.g., iPad, Kindle, Nook)
- c. Smartphone (e.g., iPhone or similar devices with web access)
- d. Cell phone

7. What is your gender

- a. Female
- b. Male
- c. Prefer not to respond

8. Please select the category that includes your age

- a. 17 and under
- b. 18-24
- c. 25-34
- d. 35-44

- e. 45-54
 - f. 55-64
 - g. 65 and older
 - h. Prefer not to respond
9. Which of the following best describes the highest level of education you have completed?
- a. Current middle or high school student
 - b. Did not complete high school
 - c. High school graduate
 - d. Some college/vocational school
 - e. College graduate
 - f. Some postgraduate school
 - g. Graduate/professional degree
 - h. MD/PhD
 - i. Prefer not to respond
10. Where do you live?
- a. United States
 - i. 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

- b. U.S. Territories or Possessions
 - i. Please select your place of residence.
 1. American Samoa
 2. Guam
 3. Northern Mariana Islands
 4. Puerto Rico
 5. U.S. Virgin Islands
- c. International (please specify)
 - i. Please specify your country.

11. Are you living in a:

- a. Urban area
- b. Rural area
- c. Don't know

12. How do you describe your ethnicity?

- a. Hispanic
- b. Non-Hispanic
- c. Prefer not to respond

13. How do you describe your race?

- a. American Indian or Alaska native
- b. Asian or pacific islander
- c. African American or black
- d. White
- e. Other
- f. Prefer not to respond

14. If you have a visual impairment, was the content accessible?

- a. Yes
- b. No
 - i. Please share your difficulties regarding your experience.
- c. I do not have a visual impairment

15. Were you able to access the content in the language of your choice?

- a. Yes
- b. No (
 - i. Please specify the language you would prefer.