



NSSSP

NATIONAL SURVEY OF SYRINGE SERVICES PROGRAMS

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Form Approved
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Thank you for taking the time to complete this survey. We know that you are incredibly busy, and we have worked hard to design a set of questions that accurately captures the current experience of syringe services programs (SSPs) throughout the country. Your participation will help us tell these stories more accurately.

When answering questions, please refer to the period from [DATE], to [DATE] unless otherwise stated. If program data are not available, please use your best estimate to complete the questions below. If your SSP only operated during some of the specified time period, please provide information reflective of the time period(s) during which your SSP did operate.

During the survey, you may need to refer to your records to answer some questions. If you need to step away, please select “Save & Return” at the bottom of the page. You can return to the survey using the link in your invitation email, or you will have the option to enter an email address and the same survey link will be sent to the specified email. If you are unable to answer a question, but later find the answer in your records, you can reach us later to provide this additional information by contacting [NAME] at [EMAIL].

If you need any clarifications about any of the questions in this survey or how this information will be used, please contact [NAME] at [\[EMAIL\]](#).

All information will be kept confidential.

To begin, please let us know a couple of details about your SSP.

PRELIMINARY INFORMATION

PI.1 What is the name of your organization?

PI.2 Please specify any nicknames (i.e., abbreviated name or acronym) that are used for your SSP.

PI.3 What is the city or town and state where your SSP headquarters is located?

(REDCap instructions: enter city name; drop down menu for state)

PI.4 Did your SSP provide any services at any time in [YEAR]?

- Yes
 No

(REDCap instructions: send to “thank you but you’re not eligible this year” page)

PI.5 How did your SSP deliver services in [YEAR]? Please select all that apply.

- Brick and mortar fixed site (including drop-in centers)
 Backpack/outreach
 Pop-up sites (tables, tent, etc.)
 Delivery to regular locations (e.g., established route)
 Delivery to participant requested locations (e.g., home delivery)
 Mail-based distribution
 Vending machine
 Other (please describe)_____

- Don't know
- Choose not to answer

PI.6 Please select whether your SSP provides services in any of the following state(s), U.S. territory or in a Tribal Nation in [YEAR]. Please select all that apply.

- We operated in all states
- Alabama
- Alaska
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- District of Columbia
- Florida
- Georgia
- Hawaii
- Idaho
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi
- Missouri
- Montana
- Nebraska
- 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
- Tribal Nation (please specify): _____
- US Virgin Islands
- Utah
- Vermont
- Virginia
- Washington
- West Virginia
- Wisconsin
- Wyoming
- Choose not to answer

PI.7 In which counties did your SSP provide services in [YEAR]? Please include all counties served, including those with mobile services, deliveries, etc.

We operated throughout the entire state.

PI.8 In what year did your SSP start providing services?

_____ (Please enter four digit year)

PROGRAM CHARACTERISTICS

PC.1 How would you best classify your SSP? Please select all that apply.

- Community-based organization without 501(c)(3) status
- Community-based organization with our own 501(c)(3) status
- Community-based organization with a sponsor's 501(c)(3) status
- City or County health department
- State health department
- Tribal affiliated organization
- Academic health care organization
- Private or commercial health care organization
- Mutual aid organization
- Other (please specify): _____
- Choose not to answer

PC.2 What were your SSP's sources of funding in [YEAR]? Please select all that apply.

- City government
- County government
- State government
- Federal government
- Foundation
- Individual donations
- Personal funds from program managers or staff
- Corporate donation
- Other (please specify): _____
- Don't know
- Choose not to answer

PC.2a (If 'federal government' is selected for PC.2) Which federal funding sources provided your SSP with funding? Please select all that apply.

- Substance Abuse and Mental Health Services Administration (SAMHSA)
- Centers for Disease Control and Prevention (CDC)
- Health Resources and Services Administration (HRSA)
- Medicare
- Medicaid
- Billable services to private insurance
- Other (please specify): _____
- Don't know
- Choose not to answer

PC.3 Did your SSP receive funding in [YEAR] from NASTAD's Strengthening Syringe Services Programs (SSP) through Direct Program Funding opportunity?

- Yes
- No
- Don't know
- Choose not to answer

PC.4 What was your SSP's annual budget in [YEAR]?

If your SSP is part of a larger, multi-service organization, only provide the budget for the SSP. Please provide the best estimate to your knowledge, rounded to the nearest \$1,000.

\$ _____ (Please do not include commas)

PC.5 How many full-time paid employees (≥35 hours per week) did your SSP employ last month?

PC.6 How many part-time paid employees (<35 hours per week) did your SSP employ last month?

PC.7 How many volunteers, including unpaid volunteers or those receiving a stipend, did your SSP have last month?

PC.8 Please indicate the involvement of people with lived and living drug use experience at your SSP in [YEAR]. Please select all that apply.

- No involvement
- Employed as full-time paid staff
- Employed as part-time paid staff
- Served as volunteer(s)
- Provided participant-facing services (e.g. patient navigation)
- Provided non-participant facing services (e.g. advisory board)

PC.9 In the last week, how many hours did your SSP provide syringe services to participants?

PC.10 Did your SSP serve communities that you would consider urban, suburban, or rural? Please select all that apply.

- Urban
- Suburban
- Rural
- Choose not to answer

PC.11 Did your SSP stop providing services in [YEAR] (i.e., your SSP could not provide services when you had expected to be open)?

- Yes
- No
- Don't know
- Choose not to answer

PC.11a (If yes to PC.11) For how long in [YEAR] did your SSP stop providing services?

- Less than one day
- One day to up to one week
- One week up to one month
- One month or more

PC.11b (if yes to PC.11) Please choose the reason(s) for service disruption. Please select all that apply.

- Inadequate funding for materials or supplies
- Inadequate funding for operations
- Inadequate funding for staff salaries
- Lack of personnel to staff program
- Legal or political intervention
- COVID-19 pandemic
- Pushback from neighbors or landlords
- Inclement weatherOther (please describe) _____
- Don't know
- Choose not to answer

PC.11b.1 (If select 'lack of personnel to staff program' for PC.11b) What contributed to lack of personnel to staff your SSP? Please select all that apply.

- Staff burnout or fatigue
- Physical illness
- Lack of childcare
- Community bereavement
- Inability to hire new staff
- Other (with text option)

PC.12 Did your SSP analyze data you collected from participants to inform program planning and improvement in [YEAR]?

- Yes
- No
- Don't know
- Choose not to answer

PC.13 How many participant encounters occurred at your SSP in [YEAR]?

By participant encounters, we mean the number of encounters or participant visits occurring with your SSP.

(Please do not include commas)

PC.14 Can you report the number of unique individuals who received services from your SSP in [YEAR]?

If your SSP does not collect this data, please select “no”.

- Yes
- No
- Don’t know
- Choose not to answer

PC.15 (If select ‘yes’ for PC.14) How many unique individuals received services from your SSP in [YEAR]?

(Please do not include commas)

PC.16 In [YEAR], did your SSP have residency restrictions on who could access services, that is, only people from certain geographic locations could receive services from your program?

- Yes
- No
- Don’t know
- Choose not to answer

PC.17 In [YEAR], did your SSP require participants to provide identifying documents (for example, a driver's license) to enroll or receive syringe services (not including health care)?

- Yes
- No
- Don’t know
- Choose not to answer

PC.18 Please indicate your level of agreement with the following statements.

- A. Our SSP staff are under too many pressures to do their job effectively.
Strongly Disagree - 1 2 3 4 5 - Strongly Agree
- B. Our SSP staff often show signs of stress and strain.
Strongly Disagree - 1 2 3 4 5 - Strongly Agree
- C. The heavy workload at our SSP reduces program effectiveness.
Strongly Disagree - 1 2 3 4 5 - Strongly Agree
- D. Staff frustration is common at our SSP.
Strongly Disagree - 1 2 3 4 5 - Strongly Agree
- E. When there is agreement that change needs to happen in the SSP, we have the necessary financial and human resources to do so.
Strongly Disagree - 1 2 3 4 5 - Strongly Agree
- F. When there is agreement that change needs to happen in the SSP, we have the necessary technical assistance to do so.
Strongly Disagree - 1 2 3 4 5 - Strongly Agree

PC.19 Does your SSP employ or partner with an organization that uses licensed clinical staff (e.g., physician, nurse, psychologist, etc.) to provide services?

- Yes
- No
- Don’t know
- Choose not to answer

PC.20 Does your SSP conduct activities designed to engage any of the following demographic groups? Please select all that apply.

If your SSP serves participants in any of these categories but does not conduct activities specifically designed to engage them, do not mark the box for that category.

- Lesbian, gay, bisexual, or queer persons
- Transgender, genderqueer, or non-binary persons
- Women
- American Indian or Alaska Native persons
- Asian persons
- Black or African-American persons
- Hispanic or Latinx persons
- Native Hawaiian or Other Pacific Islander persons
- Persons aged < 18 years
- Persons aged 18 to 29 years
- Persons aged 30 to 39 years
- Persons aged 40 to 59 years
- Persons aged ≥60 years
- Other (please describe) _____
- Choose not to answer

COMMUNITY SUPPORT AND OPPOSITION

CSO.1 How would you rate your SSP’s relationship with the surrounding community in [YEAR]?

- Very good
- Somewhat good
- Neither good nor poor
- Somewhat poor
- Very poor
- Nonexistent
- Choose not to answer

CSO.2 Which community groups supported or advocated for your SSP in [YEAR]? Please select all that apply.

- Local health officials/health department
- Law enforcement
- Religious organizations
- Local politicians
- Neighbors or local residents
- Landlords
- Other community-based organizations
- Business owners
- HIV or other medical providers
- Drug user unions
- No groups advocated for us
- Other (please describe) _____
- Choose not to answer

CSO.3 Which community groups opposed your SSP in [YEAR]? Please select all that apply.

- Local health officials/health department
- Law enforcement
- Religious organizations
- Local politicians
- Neighbors or local residents
- Landlords
- Other community-based organizations
- Business owners
- No groups opposed us
- Other (please describe) _____
- Choose not to answer 77

CSO.4 Did your SSP face any of the following funding challenges in [YEAR]? Please select all that apply.

- Insufficient funding
- Future funding instability
- Funder restrictions related to purchasing supplies or services provided
- Our SSP did not face funding challenges

- Other: _____
- Choose not to answer

CSO.5 Did your SSP face any of the following staffing challenges in [YEAR]? Please select all that apply.

- Insufficient number of staff
- Staff burnout
- Low retention of staff
- Inadequately trained staff
- Our SSP did not face staffing challenges
- Other: _____
- Choose not to answer

CSO.6 Did your SSP face challenges procuring any of the following supplies for your participants in [YEAR]? Select all that apply.

- Naloxone
- Syringes
- Pipes
- Other: _____
- We had no problems procuring supplies
- Choose not to answer

CSO.7 (Skip if reported city, county, or state health department in PC.1) How would you describe your SSP's relationship with your local health department(s) in [YEAR]?

- Very good
- Somewhat good
- Neither good nor poor
- Somewhat poor
- Very poor
- Nonexistent
- Choose not to answer

CSO.8 How would you describe your SSP's relationship with law enforcement in [YEAR]?

- Very good
- Somewhat good
- Neither good nor poor
- Somewhat poor
- Very poor
- Nonexistent
- Choose not to answer

DRUG USE SUPPLIES

DU.1 How many sterile syringes did your SSP provide to participants in [YEAR]?

Please provide your best estimate if records are not readily available.

(Please do not include commas)

DU.2 What was your syringe exchange policy for participants in [YEAR]?

- Participants can receive the same number of syringes as they drop off with the SSP (i.e., one-for-one)
- Participants can receive up to a certain amount over the number of syringes than they drop off with the SSP (i.e., one-for-one plus)
- Participants can request as many syringes as they need but our SSP has a cap on the number of syringes we can provide (i.e., needs-based with upper limit)
- Participants can receive as many syringes as they need (i.e., needs-based)
- Choose not to answer

DU.3 Did your SSP provide participants with syringes to distribute to other people in the community (i.e., secondary exchange or peer delivery) in [YEAR]?

- Yes
- No
- Choose not to answer

DU.4 Which syringe disposal services did your SSP provide in [YEAR]. Please select all that apply.

- Accepted used syringes for safe disposal
- Provided training on safe disposal of used syringes
- Provided sharps containers for carrying used syringes
- No syringe disposal services were provided
- Other (please specify): _____

DU.5 For each of the following drug use supplies (other than syringes), please indicate which ones were provided to participants in [YEAR]. Select all that apply.

- Pipes
- Straws
- Cookers
- Cottons
- Syringe/pill filters like Sterifilt®
- Saline or sterile water
- Ties/tourniquets
- Alcohol pads
- Wound care kits/bandages
-
- Other safe smoking supplies
- Other safe snorting supplies
- Other (please specify): _____
- None of the above
- Choose not to answer

OVERDOSE SERVICES

OS.1 Did your SSP provide opioid overdose education and response training to participants in [YEAR]?

- Yes
- No
- Choose not to answer

OS.2 How many participant encounters involved providing naloxone in [YEAR]?

By participant encounters, we mean the number of encounters/participant visits made to your SSP to pick up naloxone (including Narcan). If your SSP does not collect these data, please provide your best estimate. If you did not distribute any naloxone, please enter 0.

OS.3 How many doses of naloxone did your SSP distribute in [YEAR]?

For example, if your SSP gave out 100 kits, and there are 2 doses per kit, you would enter 200 doses. Include doses of Narcan distributed in this overall count. If your SSP does not collect these data, please provide your best estimate.

OS.4 In what ways did your SSP distribute doses of naloxone doses in [YEAR]? Please select all that apply.

- Direct naloxone distribution from staff to participant at our program
- In-person naloxone delivery (delivered directly to participant)
- Mail delivery (naloxone mailed to participant)
- Secondary naloxone distribution (participant distributed naloxone to other people)
- Provider referral for prescription or referral to pharmacy
- Offered at community-based overdose education events (open to the public)
- Offered at overdose education events for staff or participants of other organizations
- Choose not to answer

OS.5 What barriers, if any, did your SSP experience in providing naloxone to your participants in [YEAR]? Please select all that apply.

- No barriers
- High cost of naloxone
- Shortage of low-cost of naloxone
- Funding restrictions preventing naloxone purchase
- Legal/political climate

- Other (please describe): _____
- Don't know
- Choose not to answer

OS.6 Did your SSP provide education and response training on over-amping from stimulants, such as cocaine and methamphetamines, to participants in [YEAR]?

- Yes
- No
- Choose not to answer

DRUG CHECKING

DC.1 Did your SSP provide any of the following drug testing supplies to participants in [YEAR]? Please select all that apply.

- Fentanyl test strips
- Benzodiazepine test strips
- Xylazine test strips
- Other test strips (please specify): _____

DC.2 Were drug checking services other than test strips, including mass spectrometer, fourier-transform infrared spectroscopy (FTIR), available to your participants in [YEAR]?

- Yes
- No
- Choose not to answer

SUPERVISED CONSUMPTION

SC.1 Did your SSP operate a supervised consumption site for your participants in [YEAR]?

A supervised consumption site is a place, either permanent or temporary, where people come to use their own drugs under the supervision of trained workers; have access to sterile equipment (syringes, cotton, cooker, water, etc...) and conditions; and receive referrals to appropriate health or social services.

- Yes
- No
- Choose not to answer

SC.1a (If no to SC.1) If supervised consumption sites (SCS) were locally permitted in your area, would your SSP consider providing these services?

- No we would not consider implementing SCS
- We would explore implementation of SCS
- We would start preparing for SCS implementation
- We would be ready to implement SCS

OTHER SERVICE PROVISION

OSP.1 Which safer sex supplies were provided in-person to participants in [YEAR]? Please select all that apply.

- External condoms (male condoms)
- Internal condoms (female condoms)
- Lubricant
- Dental dams
- None of the above
- Choose not to answer

OSP.2 Which health screening services were provided in-person to participants (either by your SSP or by partners) in [YEAR]? Please select all that apply.

Partners might include medical staff from health departments or academic institutions providing clinical services onsite.

- HIV rapid testing
- HIV laboratory-based testing
- Hepatitis C virus (HCV) rapid testing
- Hepatitis C virus (HCV) laboratory-based testing
- Hepatitis A virus testing
- Hepatitis B virus testing
- STI testing other than hepatitis or HIV
- TB skin testing or laboratory-based screening for latent TB
- Pregnancy testing
- COVID-19 testing
- Other (please describe): _____

- None of the above
- Choose not to answer

OSP.3 Which vaccinations were provided in-person to participants (either by your SSP or by partners) in [YEAR]? Please select all that apply.

- Hepatitis A vaccination
- Hepatitis B vaccination
- Influenza vaccination
- COVID-19 vaccination
- Human papillomavirus (HPV) vaccination
- Pneumococcal vaccination
- Tetanus, Diphtheria and Pertussis (TDAP) vaccination
- MPox vaccination
- Meningitis vaccination
- Other (please describe): _____
- None of the above
- Choose not to answer

OSP.4 Which of the following infectious disease medical services were provided in-person to participants (either by your SSP or by partners) in [YEAR]? Please select all that apply.

Please do not include telehealth services.

- HIV treatment
- Pre exposure prophylaxis for HIV (PrEP)
- Post exposure prophylaxis for HIV (PEP)
- Hepatitis C treatment
- STI treatment other than hepatitis or HIV
- Wound care/treatment
- Other (please describe): _____
- None of the above
- Choose not to answer

OSP.5 Which substance use disorder treatment services were provided in-person to participants (either by your SSP or by partners) in [YEAR]? Please select all that apply.

Please do not include telehealth services.

- Buprenorphine (with or without naloxone)
- Methadone
- Naltrexone (Vivitrol)
- Medications for non-opioid substance use disorders
- Contingency management (e.g., incentives for attendance)
- Cognitive behavioral therapy
- Other (please describe): _____
- None of the above
- Choose not to answer

OSP.6 Which other types of medical services were provided in-person to participants (either by your SSP or by partners) in [YEAR]? Please select all that apply.

Please do not include telehealth services.

- Mental health services
- Gender affirming care (i.e., hormone therapy)
- General primary care (e.g., blood pressure management)
- Reproductive cancer screening (e.g., pap smears)
- Family planning/contraception
- Prenatal care and peripartum care
- Other (please describe): _____
- None of the above
- Choose not to answer

OSP.7 Did your SSP or partners provide telehealth services for your participants in [YEAR]?

For this survey, telehealth is defined as services provided to participants via phone, tablet, or computer.

- Yes
 - No
 - Choose not to answer
- (REDCap instructions: skip to OSP.8 if no or choose not to answer)

OSP.7a (If yes to OSP.7) Which of the following infectious disease medical services were provided to participants via telehealth (either by your SSP or by partners) in [YEAR]? Please select all that apply.

- HIV treatment
- Pre-exposure prophylaxis (PrEP)
- Post-exposure prophylaxis (PEP)
- Hepatitis C treatment
- STI treatment other than hepatitis or HIV
- Wound care/treatment
- Other (please describe): _____
- None of the above
- Choose not to answer

OSP.7b (If yes to OSP.7) Which substance use disorder treatment services were provided to participants via telehealth (either by your SSP or by partners) in [YEAR]? Please select all that apply.

- Buprenorphine (with or without naloxone)
- Methadone
- Naltrexone (Vivitrol)
- Medications for non-opioid substance use disorders
- Contingency management (e.g., incentives for attendance)
- Cognitive behavioral therapy
- Other (please describe): _____
- None of the above
- Choose not to answer

OSP.7c (If yes to OSP.7) Which other types of medical services were provided to participants via telehealth (either by your SSP or by partners) in [YEAR]? Please select all that apply.

- Mental health services
- Gender affirming care (i.e., hormone therapy)
- General primary care (e.g., blood pressure management)
- Reproductive cancer screening (e.g., pap smears)
- Family planning/contraception
- Prenatal care and peripartum care
- Other (please describe): _____
- None of the above
- Choose not to answer

OSP.8 Did your SSP provide navigation services for your participants in [YEAR]?

For this survey, navigation is defined as a strategy that improves linkage to offsite services, like assisting with appointment scheduling, transportation, and/or appointment accompaniment.

- Yes
 - No
 - Choose not to answer
- (REDCap instructions: skip to OSP.9 if no or choose not to answer)

OSP.8a (If yes to OSP.8) Which services were covered by your navigation program in [YEAR]? Please select all that apply.

- HIV care
- Pre-exposure prophylaxis for HIV prevention (PrEP)
- Hepatitis C virus (HCV) care
- Medications for opioid use disorder (MOUD)
- Medications for non-opioid substance use disorders
- Legal records (e.g., birth certificate, social security card, state ID/driver's license)
- Gender affirming care (i.e., hormone therapy)
- Medicaid or other health insurance
- Social support services (e.g., housing)
- Other (please describe): _____
- Choose not to answer

OSP. 9 Which social or supportive services were provided onsite to participants in [YEAR]? Please select all that apply.

- Drop-in center
- Enrollment in Medicaid or other health insurance
- Family violence, domestic violence, or intimate partner violence services
- Food/meals, including SNAP, WIC, food pantries, or meal delivery services
- Housing support
- Hygiene-related services (e.g., laundry, showers)
- Job-related services (e.g., placement assistance, skills training)
- Legal services/counseling
- Legal records/identification (e.g., birth certificate, social security card, state identification, drivers license)
- Language translation services
- Substance use counseling by harm reduction counselors/therapists
- Other (please describe): _____
- None of the above
- Choose not to answer

COMMUNICATION STRATEGIES

CS.1 Which topics does your SSP communicate about with others in the harm reduction community? Please select all that apply.

- Program supplies (e.g., Naloxone, syringes, smoking supplies)
- Drug supply alerts (i.e., information about which substances are in your local drug supply)
- Overdose hotspots
- Trainings
- Funding opportunities
- Conferences/convenings
- Harm reduction research findings
- Other (please specify): _____

CS.2 Which topics would your SSP like to know more about from the harm reduction community? Please select all that apply.

- Program supplies (e.g., Naloxone, syringes, smoking supplies)
- Drug supply alerts (i.e., information about which substances are in your local drug supply)
- Overdose hotspots
- Trainings
- Funding opportunities
- Conferences/convenings
- Harm reduction research findings
- Other (please specify): _____

CS.3 Which sources does your SSP rely on for information related to delivering or improving services? Please select all that apply.

- Other harm reduction programs
- National Harm Reduction Coalition (NHRC)
- North American Syringe Exchange Network (NASEN)
- National Alliance of State and Territorial AIDS Directors (NASTAD)
- National Association of County and City Health Officials (NACCHO)
- National Harm Reduction Technical Assistance Center
- City or county government
- State government
- Federal government
- Other (please specify): _____

CS.4 In which ways does your SSP prefer to receive information related to delivering or improving services? Please select all that apply.

- State-wide or regional group meetings (online or in-person)
- National conferences
- Webinars
- Issue Briefs or factsheets
- Implementation manuals
- Websites
- Listservs
- Facebook

- Instagram
- Twitter
- Other (please specify): _____

CS.5 Please indicate your level of agreement with the following statements.

- A. I have access to the information I need to improve my SSP's operations.
 Strongly Disagree - 1 2 3 4 5 - Strongly Agree
- B. I have access to the most updated information to improve the health and wellbeing of my SSP's participants.
 Strongly Disagree - 1 2 3 4 5 - Strongly Agree

BARRIERS

B.1 If you have the time, please tell us about some of the biggest challenges you have faced over the past year that may or may not have been captured in this survey.

CLOSE OUT

We value your input and would like to ask you a few questions about your experience taking this survey so that we can improve it and ensure that the information you provide is useful.

What topic(s) were missing from this survey and need to be added in the future?

Please use the space below for any other suggestions or comments for improving this survey to make it useful to SSPs.

Are you willing to provide an address for us to mail you the \$125 check as a thank you for completing this survey?

If you are unable or unwilling to provide an address to mail the check or would like to donate your incentive payment to another SSP, please answer "No" here and email [NAME] at [EMAIL] to arrange compensation.

- Yes
- No

Please tell us the name and mailing address of the organization that the \$125 check should be made out to.

Organizational name for payment: _____

To whose attention should the check be mailed: _____

Address: _____

City: _____

State: _____

Zip: _____