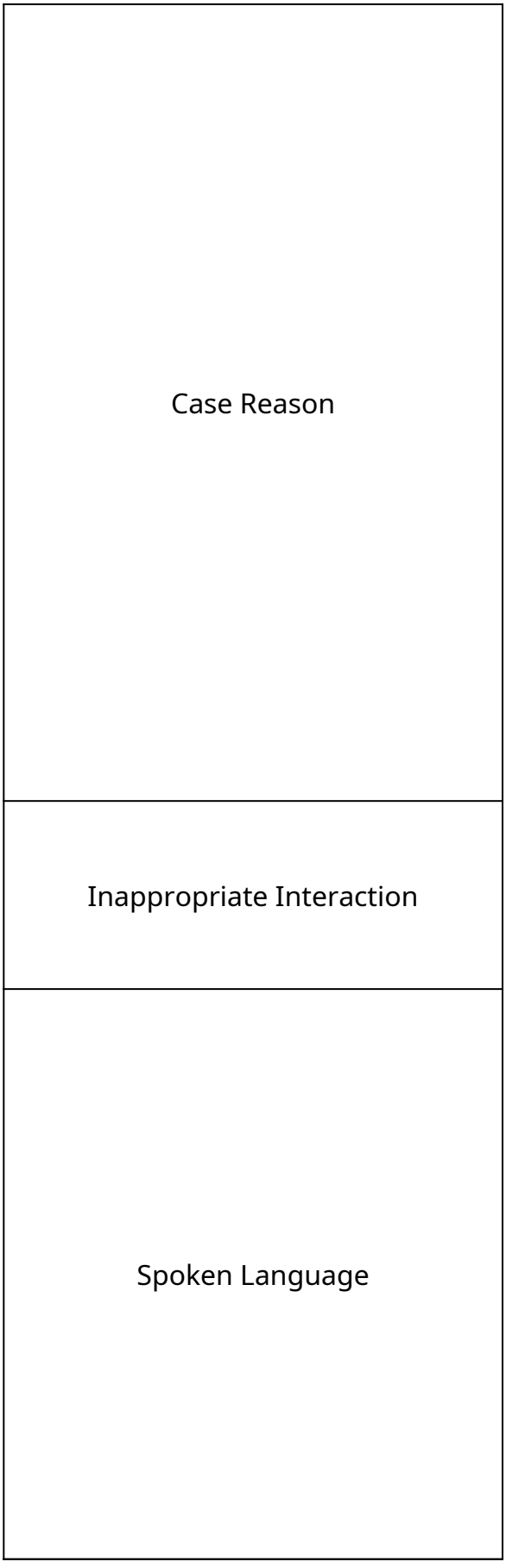
Variable Name
First Name/Alias
Phone Number
Age
Geographic Location

Hotline Awareness
Military/Veteran Status
Open to Survey
Race/Ethnicity

Race/Ethnicity
State/Territory
ZIP Code
Acuity
Ancillary Needs
Case Origin


Case Reason
Inappropriate Interaction
Spoken Language

Referral Provided
Resource Provided
Type
Self Subcategory

Public Burden Statement: The purpose of th
hotline operational improvements, performa
information collection is 0906-0084 and it is
for reviewing instructions, searching existing
Collection Clearance Officer, 5600 Fishers La

Description
The reported first name and/or alias of the help-seeker. NOTE: Not provided to MCHB; for contractor use only.
The incoming phone number that the help-seeker uses to contact the Hotline is automatically populated. The phone number is not confirmed or validated by the help-seeker or hotline counselor. NOTE: Not provided to MCHB, for contractor use only.
The reported age of the help-seeker.
The geographic location/area based upon the reported help-seeker zipcode.

The reported referral source of the Hotline.
The reported military/veteran status of help-seeker.
In the system, the Hotline Counselor will choose “yes” if the help-seeker consents to receiving the survey via text. If no consent is provided, the Hotline Counselor will choose “no”. Once the case status is closed, the system will automatically send the survey to the help-seeker at the phone number listed within the person account and provided/confirmed by the help-seeker.
The reported ethnicity of the help-seeker.

The reported race/ethnicity of the help-seeker.
The reported state/territory of current residence of the help-seeker.
The reported zipcode of the help-seeker
The assessment of the help seeker’s current severity of symptom(s) intensity and/or urgency during the interaction. This includes both what is verbally shared and nonverbally perceived.
Reported ancillary needs of the help-seeker. Ancillary needs are synonymous with social needs which represent community health factors. These identifiers are dervied from commonly reported and/expressed social needs and public health discipline.
The method of contact the help-seeker used to contact the Hotline.

The issues reported and/or reasons of contact to the Hotline by the help-seeker.
Data entry section that supports documentation of harassing, inappropriate, and operationally insufficient contacts.
The language that the help-seeker utilized during the interaction with the counselor, whether live or through translation service.

Documents if a referral was consented by the help-seeker and provided within the interaction.
Documents if a resource was consented by the help-seeker and provided within the interaction.
The Hotline Counselors capture responses throughout the conversation with the respondent. The classification of type is determined based upon the interaction.
The Hotline Counselors capture responses throughout the conversation with the respondent. The classification of type is determined based upon the interaction with individuals calling for themselves either reporting being pregnant, postpartum, or not applicable.

is collection is to collect data on interactions with help-seekers that c
ance measures, and capacity management. An agency may not condu
valid until 2/28/2027. This information collection is voluntary, and da
; data sources, and completing and reviewing the collection of inform
ne, Room 13N82, Rockville, Maryland, 20857 or paperwork@hrsa.go

Visual Aide	Response Type
#VALUE!	Free Text
#VALUE!	Free Text
#VALUE!	Single Selection
#VALUE!	Single Selection

#VALUE!	Single Selection
#VALUE!	Single Selection
#VALUE!	Single Selection
	Single Selection

#VALUE!	Multi Selection
#VALUE!	Single Selection
	Free Text
#VALUE!	Single Selection
#VALUE!	Multi Selection
#VALUE!	Single Selection

#VALUE!	Multi Selection
#VALUE!	Checkbox
#VALUE!	Single Selection

#VALUE!	Checkbox (Dependency)
#VALUE!	Checkbox (Dependency)
#VALUE!	Single Selection
#VALUE!	Single Selection

ontact the hotline by telephone, text, and web chat. Following each interaction, help
ct or sponsor, and a person is not required to respond to, a collection of information
ta will be private to the extent permitted by the law. Public reporting burden for this
ation. Send comments regarding this burden estimate or any other aspect of this coll
v. Please see https://www.hrsa.gov/about/508-resources for the HRSA digital access

Response Required	Response Source	Legal Values
YES	Respondent	-
YES	System	-
YES	Respondent	• Under 13 • 13-17 • 18-24 • 25-29 • 30-39 • 40-49 • 50 and above • Not Applicable (Abandoned/System Error) • Declined to Answer/Respond
YES	Respondent	• Rural • Urban • Suburban • Decline to Answer/Respond • Not Applicable (Abandoned/System Error) • Not Applicable (International)

YES	Respondent	• Helpline, Warmline, Hotline, or Crisis Line • HRSA Program • Other HHS Program • Community Based Organizations • Word of Mouth • TV/Video- • Social Media • Radio • YouTube • Healthcare/Medical Provider • Social Services/Human Services Provider • Online Search • Print Advertising
YES	Respondent	• An active U.S. Service Member • A spouse of an active/retired U.S. Service Member • A U.S. Military Veteran • Not an active/retired/veteran service member • Not Applicable (Abandoned/System Error) • Declined to Answer/Respond
YES	Respondent	• Yes, open to receive survey • No, declined to receive survey • Not Applicable (Abandoned/System Error)
YES	Respondent	• Hispanic or Latino • Not Hispanic or Latino • Decline to Respond/Answer • Not Applicable (Abandoned/System Error)

YES	Respondent	• American Indian or Alaska Native • Asian • Black or African American • Native Hawaiian or Other Pacific Islander • White • Decline to Respond/Answer • Not Applicable (Abandoned/System Error)
YES	Respondent	Includes all 50 states, US Territories, District of Columbia, Outside of the United States and US Territories, Unable to Determine, Decline to Answer/Respond, Not Applicable (International)
NO	Respondent	-
YES	Counselor	• Low • Medium • High
YES	Counselor	• Child Care • Employment • Finances • Food Insecurity • Housing • Legal • Medical • Personal Safety • Not Applicable (Abandoned/System Error)
YES	System	• Text • Phone • Web Chat • Test Text • Test Phone • Test Web Chat

YES	Counselor	• Anger • Anxiety • Depression • Fear • Hotline Inquiry • Infant feeding • Insomnia • Loss • OCD • Overwhelmed • Panic • Pregnancy • Provider Dissatisfaction • Psychoeducation • Psychosis • Relationship Conflict • Substance Use Disorder • Suicide • Trauma • Not Applicable (Abandoned/System Error) • No Case Reasons Presented
NO	Counselor	• Checked (YES) • Unchecked (NO)
YES	Counselor	• English • Spanish • Chinese (Mandarin) • Chinese (Cantonese) • French, Tagalog (Filipino) • Vietnamese • Arabic • Korean • Russian • German • Haitain Creole • Portuguese • American Sign Language • Other • Not Applicable (Abandoned/System Error)

YES	Counselor	• Yes, open to receive referral • No, declined to receive referral • Not Applicable (Abandoned/System Error)
YES	Counselor	• Yes, open to receive resource • No, declined to receive resource • Not Applicable (Abandoned/System Error)
YES	Counselor	•Self •Calling on behalf of someone else (friend/family member) •Provider •Spam •Not Applicable (Abandoned/System Error)
YES	Counselor	•Self-postpartum •Self-pregnant •Not Applicable (Partner/Caregiver) •Not Applicable (Abandoned/System Error) •Decline to Answer/Respond

-seekers are invited to complete a satisfaction survey. The data will be used for quality control, unless it displays a currently valid OMB control number. The OMB control number for this collection of information is estimated to average 18 minutes per response, including the time ection of information, including suggestions for reducing this burden, to HRSA Information ibility statement.

Variable Name	Survey Question
Demographic: State/Territory	What State/Territory are you located in?
Demographic: Age	What Age group do you fall in?
Demographic: Ethnicity	What is your ethnicity?
Demographic: Race	What is your race?
Satisfaction 1	I would refer the Hotline to someone I know who is in need of support and services...
Satisfaction 2	I am satisfied with the service I received today...

Referral Source	How did you hear about the hotline?
Satisfaction 3	I am satisfied with the professionalism and friendliness of the Hotline Counselor I interacted with...
Quality 1	Optional, what can the National Maternal Mental Health Hotline do to better serve your needs?
Quality 2	Did you receive a resource or referral?

Response Type	Response Required	Response Source
Single Selection	YES	Respondent
Single Selection	YES	Respondent
Single Selection	YES	Respondent
Multi Selection	YES	Respondent
Rating	YES	Respondent
Rating	YES	Respondent

Single Selection	YES	Respondent
Rating	YES	Respondent
Free Text	NO	Respondent
Single Selection	YES	Respondent

Legal Values
Includes all 50 states, US Territories, Dictrict of Columbia, Outside of the United States and US Territories, Perfer not to disclose
•Under 13 •13-17 •18-24 •25-29 •30-39 •40-49 •50 and above •I prefer not to disclose
•Hispanic or Latino •Not Hispanic or Latino •I prefer not to disclose
•American Indian or Alaska Native •Asian •Black or African American •Native Hawaiian or Other Pacific Islander •White •I prefer not to disclose
• Strongly Disgree • Disagree • Neutral • Agree • Strongly Agree
• Strongly Disgree • Disagree • Neutral • Agree • Strongly Agree

• Other HHS Programs • Community Based Organizations • Word of Mouth • TV/Video • Radio • YouTube • Social Media • Healthcare/Medical Provider • Social Services/Human Services Provider
• Strongly Disgree • Disagree • Neutral • Agree • Strongly Agree
• Yes, I have reached out/plan to • Yes, but no longer interested in the resource/referral • No, I did not receive a resource and didn't need one • No, I did not receive a resource and needed one