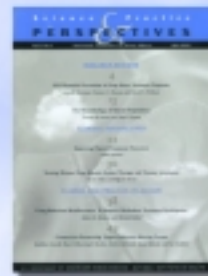


Public reporting time for this collection of information is estimated to average 20 minutes, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to NIDA OMB Officer, 6001 Executive Blvd., Rockville, MD 20892.

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 0925-0525.



National Institute on Drug Abuse (NIDA)

Public Health Information Publications Effectiveness Questionnaire



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
National Institutes of Health
National Institute on Drug Abuse
www.nida.nih.gov
www.drugabuse.gov

OMB No. 0925-0525
Exp. Date: 12/31/2006
V:F

About This Survey

The National Institute on Drug Abuse (NIDA) is interested in obtaining feedback on several of its public health information publications. NIDA is also interested in obtaining users' and potential users' attitudes toward the publications. Results from this study will be used to make changes/improvements in the development and dissemination of NIDA publications in order to better meet user needs. The results will also be used to ensure that future Federal resources are used in a cost efficient manner.

Thank you in advance for taking the time to complete this questionnaire. *Please be assured that your responses to this questionnaire are entirely confidential; in analyzing and reporting data your responses will be separated from identifying information, including name and organizational affiliation.*

If you have any questions about how to complete the questionnaire, please contact XXXXXXX XXXXXX, the Project Coordinator, at (800) 361-9833. If there is any item to which you feel uncomfortable responding, you may call XXXXX with your questions or comments, or you may skip the item. You may also discontinue the questionnaire at any time.

In appreciation for your participation in this study, you will receive the following: [insert incentive]. All of these items will be sent free, in return for completion of the questionnaire

On average, it should take about 20 minutes to complete the questionnaire.

Instructions

Please read and follow the instructions for each question carefully. Please use only blue or black ink to mark the boxes that correspond to your answers. Instructions will be provided for you in italics throughout the survey.

For questions requiring written answers or comments, please print legibly using the space provided.

When you have finished, mail the completed questionnaire in the enclosed pre-addressed, stamped envelope. We would appreciate your response as soon as possible and no later than [insert MM/DD/YY].



BEGIN HERE

Section I.

1. Are you aware that NIDA publishes public health information about drug abuse and addiction prevention and treatment?

Yes No



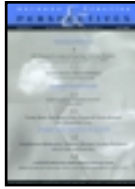
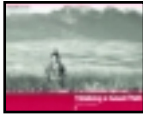





2. Below is a list of several specific publications published by NIDA. Are you aware of ANY of the publications listed below?




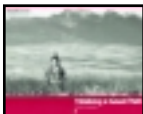





Yes No

(If no, skip to section IV, question 17, page 11)

- *Preventing Drug Use Among Children and Adolescents*
- *Principles of Drug Addiction Treatment: A Research-Based Guide*
- *NIDA Science and Practice Perspectives*
- *Walking a Good Path Calendar* for Native Americans
- *Research Report*
- *NIDA Notes*
- *NIDA Goes to School* tool box (including the *Mind Over Matter* series)
- *Community Drug Alert Bulletin*
- *NIDA InfoFacts*
- NIDA companion Websites (Marijuana Information, Club Drugs, Steroid Abuse)

3. For the following grid, please make sure to answer each question for all the listed publications.

<p><i>NIDA Publications</i></p>	 <i>Preventing Drug Use Among Children and Adolescents</i>	 <i>Principles of Drug Addiction Treatment: A Research-Based Guide</i>	 <i>NIDA Science and Practice Perspectives</i>	 <i>Walking a Good Path Calendar</i>	 <i>Research Report</i>	 <i>NIDA Notes</i>	 <i>NIDA Goes to School tool box (including the Mind Over Matter series)</i>	 <i>Community Drug Alert Bulletin</i>	 <i>NIDA InfoFacts</i>
<p>a. Are you aware of this publication? <i>(If you are not aware, please skip to Question #4 for that publication only.)</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>b. If aware, do you currently have this publication or have access to it?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>c. If aware, how did you learn about or obtain this NIDA publication? <i>(Check all that apply.)</i></p>									
<p>Received publication unsolicited from NIDA or a State Agency</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Called/Asked NIDA directly</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>From the NIDA website</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>From another website</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>From the National Clearinghouse for Alcohol and Drug Information (NCADI)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>From for Association for Addiction Professionals (NAADAC)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>At a professional presentation/meeting</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>




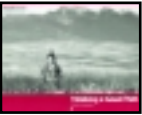





<p><i>NIDA Publications</i></p> <p><i>Continued</i></p>	 <i>Preventing Drug Use Among Children and Adolescents</i>	 <i>Principles of Drug Addiction Treatment: A Research-Based Guide</i>	 <i>NIDA Science and Practice Perspectives</i>	 <i>Walking a Good Path Calendar</i>	 <i>Research Report</i>	 <i>NIDA Notes</i>	 <i>NIDA Goes to School tool box (including the Mind Over Matter series)</i>	 <i>Community Drug Alert Bulletin</i>	 <i>NIDA InfoFacts</i>
<p>c. If aware, how did you learn about or obtain this NIDA publication? <i>(Check all that apply.)</i></p>									
<p>At a professional conference/workshop or training.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>From my supervisor</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>From a work colleague</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>From a friend</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>I don't remember</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Other <i>(Please specify)</i>: _____</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>d. To what extent have you read this NIDA publication? <i>(Check only one response.)</i></p>									
<p>I have read the entire publication.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>I have read some of this publication.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>I have not read this publication.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>e. If you have <u>not</u> read this publication, do you plan to read it in the future? <i>(If you have read the publication, please continue to Question #3f for that publication only.)</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

NIDA Publications

Continued



<p>f. In addition to reading this publication, in which of the following ways have you used this publication? (Check all that apply.)</p>									
<p>To keep informed of drug abuse information (personal interest)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>To keep informed of drug abuse information (professional interest)</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>To inform research on drug abuse treatment and/or prevention</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>As a resource for an academic journal article or a professional publication</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>As a resource for a research report for school</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>As a resource for a class, workshop, or training</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>For grant/proposal writing</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>To inform, modify, and/or change drug abuse treatment or prevention policy</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>To disseminate or distribute the publication to others.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Other (Please specify): _____</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>I haven't used the publication in any other way.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<p><i>NIDA Publications</i></p>	 <i>Preventing Drug Use Among Children and Adolescents</i>	 <i>Principles of Drug Addiction Treatment: A Research-Based Guide</i>	 <i>NIDA Science and Practice Perspectives</i>	 <i>Walking a Good Path Calendar</i>	 <i>Research Report</i>	 <i>NIDA Notes</i>	 <i>NIDA Goes to School tool box (including the Mind Over Matter series)</i>	 <i>Community Drug Alert Bulletin</i>	 <i>NIDA InfoFacts</i>
<p>g. About how often over the past year have you accessed or used this publication in some way (e.g., read, distributed to others, etc.)?</p> <p>Once</p> <p>2 to 3 times</p> <p>4 to 6 times</p> <p>Monthly</p> <p>Weekly</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p>h. Using the scale below, please rate each publication in terms of its overall usefulness to you. <i>(Please choose only one answer.)</i></p> <p>1= Not at all Useful 2= Not Very Useful 3= Somewhat Useful 4= Very Useful 5= Extremely Useful</p>	<p>1 2 3 4 5</p>	<p>1 2 3 4 5</p>	<p>1 2 3 4 5</p>	<p>1 2 3 4 5</p>	<p>1 2 3 4 5</p>	<p>1 2 3 4 5</p>	<p>1 2 3 4 5</p>	<p>1 2 3 4 5</p>	<p>1 2 3 4 5</p>


If you are *not* aware of any publications, please skip to Section IV, Q16, page 11. Otherwise please continue for all those publications you are aware of.

Section II.


NIDA is interested in a variety of information regarding their publications in order to better meet your needs. The next series of questions ask you to provide detailed information on a key publication. Please answer the following questions for this publication, **only if you are aware of the publication**.

4. NIDA seeks to learn potential users' attitudes toward the content, format, and reader-user friendliness of its publications. The following questions ask for your feedback on this publication you are aware of. If you cannot answer a specific question, please write "NA" at the top of the column.

On a scale of 1 to 5, with 1 = strongly disagree, 2 = disagree, 3 = neither agree nor disagree, 4 = agree, and 5 = strongly agree, please indicate the extent to which you agree with the following statements:

<i>This NIDA Publication ...</i>  <i>Community Drug Alert Bulletin</i>					
Is credible	1	2	3	4	5
Is research-based	1	2	3	4	5
Is relevant to my needs	1	2	3	4	5
Is up-to-date	1	2	3	4	5
Is comprehensive	1	2	3	4	5
Contains new information	1	2	3	4	5
Is useful to my professional and/or personal needs	1	2	3	4	5
Is culturally sensitive	1	2	3	4	5
Contains valuable information	1	2	3	4	5
Provides information that I did not have before	1	2	3	4	5
Provides information I can use in my practice	1	2	3	4	5
Is appropriate for diverse audiences	1	2	3	4	5

On a scale of 1 to 5, with 1 = strongly disagree, 2 = disagree, 3 = neither agree nor disagree, 4 = agree, and 5 = strongly agree, please indicate the extent to which you agree or disagree with the following statements:

<i>This NIDA Publication ...</i>	 <i>Community Drug Alert Bulletin</i>
Is packaged and presented in an appealing way	1 2 3 4 5
Is well designed/has a good layout	1 2 3 4 5
Uses easy to read type face(s)	1 2 3 4 5
Uses appropriate font size(s)	1 2 3 4 5
Contains useful graphics	1 2 3 4 5
Is a suitable length for the topic	1 2 3 4 5
Is in an appropriate format (e.g., booklet, pamphlet, etc) for the material contained within it	1 2 3 4 5
Presents information clearly	1 2 3 4 5
Is easy to read	1 2 3 4 5
Uses language that is easy to understand	1 2 3 4 5
Uses language that is culturally relevant	1 2 3 4 5
Is available in the quantity I need	1 2 3 4 5
Is easy to reproduce	1 2 3 4 5

For each of the next few questions please provide NIDA with your feedback on its publications. Please be as specific as possible.

5. How can NIDA improve the **content** of its publications to make them more useful to you?

6. How can NIDA improve the **format** of its publications to make them more useful to you?

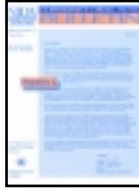
7. What additional types of **products** can NIDA develop to meet your professional and/or personal needs?

8. How can NIDA improve the **user-friendliness** of its publications to make them more useful to you?

Section III.

9. What problems, if any, have you encountered in obtaining any NIDA public health information publications? *(Check all that apply.)*

- Not available at a conference
- Have placed order(s) but never received the publication(s)
- Could not get the publication(s) within the timeframe I needed it (them)
- Could not get as many copies of the publication(s) as I needed
- The publication(s) I wanted was (were) out of print
- Phone was busy or not answered when I called
- Could not download them from the Internet
- No money to buy them
- The publication was out of stock when I contacted them
- Don't know how to obtain NIDA publications
- Don't know when new publications or editions are published
- Never tried to get one
- No problems experienced
- Other *(Please specify)*: _____



NIDA Publication

*Community Drug
Alert Bulletin*

10. For the key publication above, please indicate how you would prefer to receive this publication.
(Check all that apply.)

Unsolicited from NIDA or a State Agency	<input type="checkbox"/>
Call/Ask NIDA directly	<input type="checkbox"/>
From the NIDA website	<input type="checkbox"/>
From another website	<input type="checkbox"/>
From the National Clearinghouse for Alcohol and Drug Information (NCADI)	<input type="checkbox"/>
From the Association for Addiction Professionals (NAADAC)	<input type="checkbox"/>
At a professional presentation/meeting	<input type="checkbox"/>
At a professional conference/workshop or training	<input type="checkbox"/>
From my supervisor	<input type="checkbox"/>
From a work colleague	<input type="checkbox"/>
From a friend	<input type="checkbox"/>
Other (Please specify): _____	<input type="checkbox"/>
No preference	<input type="checkbox"/>

11. How can NIDA improve its current distribution system to ensure that its publications reach you in a timely and efficient manner?

Section IV.

12. What, if anything, gets in the way of applying the information you obtain from NIDA publications? *(Check all that apply.)*

- | | |
|---|---|
| <input type="checkbox"/> Costs of implementing new ideas | <input type="checkbox"/> Organizational challenges (e.g., staff resistance) |
| <input type="checkbox"/> Does not match my or my organization's philosophy regarding drug abuse treatment and/or prevention | <input type="checkbox"/> Regulations (e.g., government, managed care) |
| <input type="checkbox"/> Lack of resources | <input type="checkbox"/> Nothing gets in the way of applying the information in the publications. |
| <input type="checkbox"/> Need for training to implement ideas | <input type="checkbox"/> Other <i>(Please specify):</i> _____ |

13. What can NIDA do to help you [overcome](#) these barriers?

14. How can NIDA improve its publications to make them more [useful](#) to you?

15. What can NIDA do to provide you with useful information about drug abuse prevention and treatment? Please think about those publications with which you are familiar as well as what information might be useful to you that is not currently available from NIDA.

16. Comments: Please share any additional comments you have regarding NIDA publications with us.

Section V. Background Information

Please provide the following information about yourself. This information will only be used to describe the basic characteristics of our sample.

17. Age:

<input type="checkbox"/> Under 20	<input type="checkbox"/> 30–34	<input type="checkbox"/> 45–49	<input type="checkbox"/> 60–64
<input type="checkbox"/> 20–24	<input type="checkbox"/> 35–39	<input type="checkbox"/> 50–54	<input type="checkbox"/> 65 or older
<input type="checkbox"/> 25–29	<input type="checkbox"/> 40–44	<input type="checkbox"/> 55–59	

18. Sex: Male Female

19. Ethnicity: Hispanic or Latino Not Hispanic or Latino

20. Race (Please check all that apply.)

- White/Caucasian Native Hawaiian or Other Pacific Islander Asian
 Black/African-American American Indian or Alaska Native Other (Please specify): _____
 Tribal Affiliation (if applicable): _____

21. Education (Please check only the highest level completed.)

- In High School Master's Degree (MS, MA, MSW, LCSW)
 High School Graduate or G.E.D. NP, RN, LPN
 Completed some college Doctorate (PhD, EdD, PsyD, DSW)
 Associate's Degree Medical degree (MD, DDS)
 Bachelor's Degree (BS, BA) Other (Please specify): _____

22. Job Description (Please check all that apply.)

- Community Coalition Leader Social Worker
 Drug Abuse Researcher Marriage and Family Therapist
 Other Researcher (Please specify): _____ Psychologist
 Teacher/Educator (Please specify level): _____ Psychiatrist
 School Guidance Counselor Physician
 Public Health Policy Maker Nurse
 Public Health Official (Please specify): _____ Other Health Care Provider (Please specify): _____
 Alcohol/Drug Counselor Student
 Professional Counselor Other (Please specify): _____

23. How long have you been involved in the Drug Abuse Prevention/Treatment/Research field(s)? _____

24. City and State in which you live and/or work? (2 letter State abbreviation) _____, _____
City State

25. Do you have Internet access?

- Yes No

26. If yes, where do you primarily access the Internet?

- Home School/Work Library Other (Please specify): _____

Thank you for completing the questionnaire!