(SAMHSA logo) Substance Abuse and Mental Health Services Administration, Office of Applied Studies (OAS)

## Should We Discontinue This Publication? We Need Your Feedback.

National Directory of Drug and Alcohol Abuse Treatment Programs, 2008

The *Directory* is a resource for finding treatment for drug and alcohol abuse. This information is also available online in a searchable format at the treatment locator: <a href="http://findtreatment.samhsa.gov">http://findtreatment.samhsa.gov</a>. Your response is requested by **August 1, 2008.** Your feedback will help us determine if we should continue to print future editions of the *Directory* in paper copy.

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 0930-0197. Public reporting burden for this collection of information is estimated to average .083 hours per client 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 garding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.

For what purpose(s) do you use the <i>Directory?</i> 1□ Referrals to treatment (e.g., for clients, patients  2□ Seeking treatment for a friend, relative, or self  3□ As a contact list  4□ I use the <i>Directory</i> for another purpose → Plea	s, etc.)
What is your role when you use the <i>Directory</i> ?  1☐ Treatment provider  2☐ Other type of service provider → Please specify  3☐ Librarian/clearinghouse employee  4☐ A member of the general public  5☐ Other:	
	r copy of this publication when it is updated each year? nailing list, please provide complete mailing address (Name, street, city, state, zip
0☐ No → If you want your name <u>removed</u> from OA city, state, zip code):	S's mailing list for receiving a paper copy, please provide a complete mailing address (Name, street,
Which formats of the <i>Directory</i> do you use?  1 □ Both paper copy and the online treatment locator 2 □ Paper copy only 3 □ Online treatment locator only 4 □ I do not use either paper copy or the online treatment locator	When you use a paper copy, why do you use a paper copy instead of the online treatment locator?
<b>V</b>	
Do you have any other comments?	

**Thank you!** We greatly appreciate your comments. Results from this survey will be available at: <a href="http://oas.samhsa.gov/feedback.htm">http://oas.samhsa.gov/feedback.htm</a>. If any questions, please contact 240-276-1212.