



Survey on Evidence-Based Treatments: Clinician Opinions and Uses

March 3, 2006

Dear Clinician:

The Massachusetts Behavioral Health Partnership (MBHP) is conducting a survey to learn about your opinions and experiences with evidence-based treatments (EBT). Two terms used in this survey are defined as follows:

- “evidence-based treatment”: a therapeutic practice that is consistently demonstrated through multiple, rigorously designed research studies, to be more effective than comparison treatment or no treatment; and
- “treatment manual”: a practice manual that guides the clinician in the proper use of a particular evidence-based treatment, thereby increasing fidelity to the treatment method (also known as “manualized therapy”).

The goal of this survey is to assess how you as a clinician learn about new EBTs and your opinions about their usefulness in clinical practice. There are no right or wrong answers to these questions; your honest opinions are very important to us. The information we learn will assist us in the planning process for promoting the most effective treatments for MassHealth members.

This survey is intended for practicing clinicians, as opposed to administrators. In other words, please respond from your perspective as a practicing clinician. We will be conducting a separate survey for behavioral health service administrators within the next few months. The scope of this survey concerns psychosocial treatments. In this survey, we are not addressing attitudes towards, or the use of, psychopharmacy.

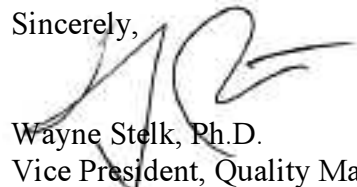
We would like to encourage the participation of as many clinicians as possible. Feel free to make and distribute copies of this survey to other practicing clinicians in your group or agency. Additional copies of the survey can be downloaded from MBHP’s website at www.masspartnership.com (go to the “What’s New” column).

Please complete and return the survey within the next three weeks. Your responses are anonymous and will be kept confidential. When you have completed the survey, simply fold this booklet in half, so that the return-mailing page is visible. Then, please tape (do not staple) the booklet closed and drop the booklet in the mail.

If you have any questions about this survey, please contact Tori Brower, Projects Manager at MBHP (tori.brower@valueoptions.com or 617-350-1951).

Thank you for your participation. Your cooperation is greatly appreciated.

Sincerely,



Wayne Stelk, Ph.D.
Vice President, Quality Management



Tori Brower, MPH
Projects Manager

Section A. Evidence-Based Treatments: Opinions

A1. Please read through the following items carefully, and indicate how strongly you agree or disagree with each statement. Please answer all items. (check one response for each item)

		Strongly Agree	Agree	Disagree	Strongly Disagree	Don't know
1.	I like to use new types of therapy/interventions that are evidence-based to help my clients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	I am willing to try evidence-based therapy/interventions even if I have to follow a treatment manual.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	I know better than academic researchers how to care for my clients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	I am willing to use new and different types of therapy/interventions developed by researchers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Research based treatments/interventions are not clinically useful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Clinical experience is more important than using manualized therapy/interventions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	I would not use manualized therapy/interventions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	I would try a new evidence-based therapy/intervention even if it were very different from what I am used to doing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Evidence-based treatment improves the quality of client care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Evidence-based treatments are not sensitive to cultural differences or needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	I didn't become a clinician to practice "cookbook" psychotherapy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	I actively seek innovative treatments pertaining to areas of my practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	The structure provided through evidence-based treatments saves time and financial resources.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	I find it helpful to follow a treatment manual.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	Evidence-based treatments promote good treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	I would be more willing to be trained in evidence-based treatments if I didn't have to pay for it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	I am interested in learning or improving the skills necessary to incorporate evidence-based treatments into my practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.	The use of evidence-based treatments places an unreasonable demand on clinicians.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.	Evidence-based treatments conflict with a "family driven" or "client driven" approach.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.	Evidence-based treatments usually result in positive treatment outcomes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.	Using evidence-based treatments consumes too much of my time and resources.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.	Adopting evidence-based treatments could increase the risk of me or my agency being sued.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23.	The structure provided through training, treatment protocols, and manuals gives me confidence as a clinician.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24.	Treatment protocols developed in university settings cannot be generalized to clients in community settings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25.	Evidence-based treatment protocols will diminish a clinician's therapeutic freedom.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26.	There is insufficient evidence on treatment efficacy in behavioral health to develop valid guidelines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(adapted from: Aarons, G.A. 2004; Holden, W. 2004; Rees et al. 2002)

A2. How likely would the following factors influence your decision to use evidence-based treatments with your clients? (check one response for each item)

		More Likely	No Difference	Less Likely
1.	Treatment was intuitively appealing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Suggested by my trade or professional association	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Required by my supervisor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Required by my agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Required by my state	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Treatment used by colleagues who were happy with it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Had enough training to use it correctly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Treatment "made sense"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Given paid time off for training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Received a certified credential for the use of it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Higher payment rates for use of evidence-based treatments compared to other interventions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(adapted from: Aarons, G.A. 2004)

Section B. Training and Support for Evidence-Based Treatments

Please answer the following questions in regards to psychosocial treatments (not training regarding medications).

B1. As part of your academic development, were psychosocial evidence-based treatments included as part of your academic studies?

- Yes
- No (skip to Q#B2)

B1a. Please list the psychosocial evidence-based treatments that were included as part of your academic studies.

B2. As part of your post-graduate, professional career development, have you received training in psychosocial evidence-based treatments?

- Yes
- No (skip to Q#B3)

B2a. Please list the psychosocial evidence-based treatments for which you received training, as part of your professional career development.

B3. Have any of the following supports been provided by your agency/facility or professional association in the past year to assist you in implementing or using evidence-based treatments? If the support was provided by your agency/facility or professional association, was it helpful?

		Support Provided			If yes, was it helpful?	
		Yes	No		Yes	No
1.	Sponsored training or in-service	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
2.	Conferences, workshops, or seminars	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
3.	Guest speakers	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
4.	Supervision and/or general guidance from administrators	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
5.	Continuing education and/or grand rounds	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
6.	Training materials, journals, etc	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
7.	Time off or compensated time for individual training/education	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
8.	Funding for individual training/education	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
9.	Financial incentives to use evidence-based treatments	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
10.	Feedback on compliance with treatment fidelity	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
11.	Other (please specify): _____	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Section C. Learning New Techniques

C1. How do you find out about new treatments that are available? Please rate the usefulness of each of the following methods. (check one response for each item)

		Highly Useful	Moderately Useful	Low Usefulness	Not At All Useful
1.	Case studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	On-line resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Journals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Manuals distributed by federal and/or state government	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	On-site training/seminar/workshops/in-services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Out-of-office training/seminars/workshops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Word of mouth (peers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Conferences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Other (please specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C2. What types of training methods are most useful in learning new treatment techniques? Please rate the usefulness of each of the following training methods. (check one response for each item)

		Highly Useful	Moderately Useful	Low Usefulness	Not At All Useful
1.	Role playing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Supervision/mentoring/coaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Respected colleague	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Training videos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	University or other professional school classes/courses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Conferences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Visiting other programs using the intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Computer based training / on-line education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Other (please specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section D. Use of Evidence-Based Treatments

D1. Please read through the following list of evidence-based treatments and check the response that best describes your level of familiarity or use of each of the evidence-based treatments. (Please note that not all of these treatments are currently paid for, nor are there plans to implement any in particular; but we are still interested in learning about your familiarity with each.)

(check one response for each treatment)

		Not Familiar	Somewhat Familiar	Knowledgeable, But Not Using	Currently Using	Have Used, But Stopped Using
1.	12-step treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Behavior Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Brief Dynamic Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Brief Strategic Family Therapy (BSFT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Child and Family Team-Based Wraparound	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Cognitive Behavior Therapy (CBT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Community Reinforcement Approach (CRA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Contingency Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Dialectical Behavioral Therapy (DBT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Exposure-Based Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Functional Family Therapy (FFT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Hypnosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	Intensive Group Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	Interpersonal and Social Rhythm Therapy (IPSRT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	Interpersonal Psychotherapy (IPT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	Motivational Interviewing (MI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	Multicomponent Cognitive Behavioral Treatments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.	Multidimensional Treatment Foster Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.	Multisystemic Therapy (MST)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.	Nurturing Parenting Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.	Parent Management Training (PMT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.	Parent-Child Interactive Therapy (PCIT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23.	Problem-Solving Skills Training (PSST)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24.	Program for Assertive Community Treatment (PACT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25.	Psychoeducation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26.	Relaxation Exercises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27.	Social learning-token-economy programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28.	Social Skills Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29.	Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30.	Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31.	Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32.	Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Most treatments listed are described in: Nathan PE, Gorman JM (Eds). (2002). *A Guide to Treatments That Work* (2nd ed.). New York: Oxford University Press.

D2. As a clinician, what percentage of your clinical practice would you estimate is currently evidence-based?
 _____%

D3. If you are a part of an agency, what percentage of the agency's practice would you estimate is currently evidence-based?
 _____% _____ Not applicable

D4. Please indicate for which levels of care you would be interested in learning more about evidence-based treatments. (check all that apply)

	Adult	Adolescent	Child
Inpatient Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diversionary Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance Abuse / Detox	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D5. What do you think could help you (or your agency/facility) implement evidence-based treatments?

Section E. Respondent Information

E1. In what capacity are you responding to this survey? *(check all that apply)*

- Individual Practitioner Clinician in Agency/Facility Clinician in academic/teaching hospital
 Clinician in Group Practice Clinical Supervisor in Agency/Facility Intern
 Other: _____

E2. In what Massachusetts region are you located? *(check one)*

- Boston Greater Boston Northeast Southeast Central West

E3. What is the highest degree you have obtained? *(check one)*

- High School Bachelors Masters Doctorate M.D.

E4. What is your professional affiliation? *(check primary affiliation)*

- Psychiatrist Marriage & Family Therapist Mental Health Counselor
 Social Worker Psychologist Consumer paraprofessional / trained consumer
 Nurse/CNS Substance Abuse Treatment Professional Other: _____

E5. How many years have you been working as a behavioral health service clinician? ____ years

E6. Do you serve clients from any of the following state agencies? *(check all that apply)*

- DPH / BSAS DMH DMR DSS DYS

E7. Are you a clinician in the Massachusetts Behavioral Health Partnership (MBHP) network? Yes No *(skip to Q#E8)*

E7a. Please estimate what percentage of your practice's total client caseload consists of MBHP members. *(check one)*

- 1 – 25% 26 – 50% 51 – 75% 76 – 100%

E7b. Please estimate what percentage of your practice's MBHP members are ethnic/cultural minorities. *(check one)*

- 1 – 25% 26 – 50% 51 – 75% 76 – 100%

E7c. Which of the following services do you, as a clinician, provide to MBHP members? *(check all that apply)*

Level of Care	Adult	Adolescent	Child
Inpatient Services (Mental health and Level IV Detox)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diversionary Services (partial hospitalization, CSP, CCS, FST, CFFC, CBAT, ICBAT, ATS, enhanced ATS, CSS, TCU)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Day Services (Psychiatric Day Treatment, IOP, SOAP, PACT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Services (Mental Health and Substance Abuse)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Services Program (ESP) Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E8. What is your gender?

- Male Female

E9. How old are you? (in years)

- 18 - 25 26 - 35 36 - 45 46 - 55 56 and older

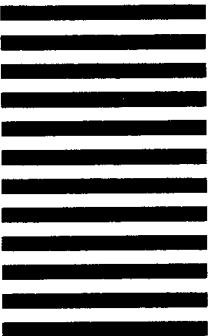
Please fold as straight as possible
& tape closed on the 3 sides.
(Do not staple)



ATTENTION: TORI BROWER
MASSACHUSETTS BEHAVIORAL HEALTH PARTNERSHIP
150 FEDERAL ST FLR 3
BOSTON MA 02110-9916

POSTAGE WILL BE PAID BY ADDRESSEE

BUSINESS REPLY MAIL
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