

**CENTER FOR SUBSTANCE ABUSE TREATMENT**

**Attachment 2-6: Customer Satisfaction Survey—Training Follow-up**

**Personal ID code, date of training, location (i.e., city, state), and topic will be pre-coded and entered in this area of the form.**

**Please check here ( ) if you have received this survey in error, (i.e., you did not attend the training listed above) and return the uncompleted survey in the enclosed postage-paid envelope.**

PLEASE BASE YOUR ANSWER ON HOW YOU FEEL ABOUT THE SESSION NOW.

	<u>Very Satisfied</u>	<u>Satisfied</u>	<u>Neutral</u>	<u>Dissatisfied</u>	<u>Very Dissatisfied</u>
1. How satisfied are you with the overall quality of this training?	1	2	3	4	5
2. How satisfied are you with the quality of the instruction?	1	2	3	4	5
3. How satisfied are you with the quality of the training materials?	1	2	3	4	5
4. Overall, how satisfied are you with your training experience?	1	2	3	4	5

PLEASE INDICATE YOUR AGREEMENT WITH THESE STATEMENTS ABOUT THE TRAINING.

	<u>Strongly Agree</u>	<u>Agree</u>	<u>Neutral</u>	<u>Disagree</u>	<u>Strongly Disagree</u>
5. The training was relevant to substance abuse treatment.	1	2	3	4	5
6. The material presented in this class has been useful to me in dealing with substance abuse.	1	2	3	4	5
7. The training enhanced my skills in this topic area.	1	2	3	4	5
8. The training was relevant to my career.	1	2	3	4	5
9. The training has enabled me to serve my clients better.	1	2	3	4	5
10. This training was relevant to substance abuse treatment.	1	2	3	4	5
11. I would recommend this training to a colleague.	1	2	3	4	5
12. I would take additional training from CSAT.	1	2	3	4	5

Public reporting burden for this collection of information is estimated to average 10 minutes per response, 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 to the SAMHSA Reports Clearance Officer, Room 7-1044, 1 Choke Cherry Road, Rockville, MD 20857. 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 control number for this project is 0930-0197.

	<u>Very Useful</u>	<u>Useful</u>	<u>Neutral</u>	<u>Useless</u>	<u>Not Applicable</u>
13. How useful was the information you received during the training?	1	2	3	4	5
14. Did you share any of the information from this training with others?				<u>Yes</u>	<u>No</u>
15. Did you share any of the materials from this training with others?				1	2
16. Have you applied any of what you learned in the training to your work?				1	2

What about the training was most useful in supporting your work responsibilities?

How can CSAT improve its training?

**Thank you for completing our survey.**  
*Return your survey in the enclosed reply envelope.*