

CoOccurring Disorders Integration & Innovation

Co-Occurring Disorders Integration and Innovation (CODI)

Formative Product Assessment Survey

Substance Abuse and Mental Health Services Administration (SAMHSA)

This survey is intended to assess satisfaction and usability of products being developed by SAMHSA's Co-Occurring Disorders Integration and Innovation (CODI) task order. Individual responses will not be released to federal staff or individual TA providers. The results of the survey will only be presented in aggregate form so that individual responses cannot be identified.

The survey will require no more than 5 minutes to complete.

For questions regarding this survey please contact the CODI Evaluator, Dr. Steven T. Sullivan, by telephone at 301-385-6693 or by email at sts@cloudburstgroup.com.

For further information regarding CODI activities please go to: <http://www.coce.samhsa.gov/>

Public reporting burden for this collection of information is estimated to require 5 minutes per response if all items are answered. Send comments regarding this burden estimate or any other aspect of this collection of information to SAMHSA Reports Clearance Officer, Room 8-1099, 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.



Formative Product Assessment Survey

Q1. Please print the [title/name] of the Co-Occurring Disorders Integration and Innovation (CODI) product you are reviewing: [This question will be completed by project staff before administration of the survey]

Q2. Please select the response that best indicates your opinion about the product.

| | Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree | Don't know/not applicable |
|--|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|---------------------------|
| a. The product presented a sufficient amount of content..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. The font size was easy to read..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. The headings and labels were easy to read..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. The style of the content was easy to read..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. The product's colors were appealing..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. The layout of the product was appealing..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. I think the product [material?] will meet the unique cultural needs of my community/organization..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Q3. Do you think the product presents information that is consistent with your knowledge and experience?

Yes → **SKIP TO QUESTION Q4**

No

Q3a. Please briefly describe any information inconsistent with your knowledge or experience.



Q4. Did the product provide recommendations?

- Yes
- No → **SKIP TO QUESTION Q5**

Q4a. How do you think the product users will apply the recommendations?

Q4b. Do you foresee any challenges to applying the recommendations?

- Yes → **Please specify:** _____

- No

Q5. What did you learn from the product?

Q6. Was anything confusing about the content of the product?

- Yes → **Please specify:** _____

- No

Q7. What did you like most about the product?



Q8. What did you like least about the product?

Q9. In what other areas would you like to see products developed?

Q10. Which of the following categories best describes your role?

Mark all that apply.

- Substance Abuse and Mental Health Services Administration (SAMHSA) Staff
- SAMHSA COSIG grantee
- SAMHSA Center for Mental Health Services grantee
- SAMHSA Center for Substance Abuse Treatment grantee
- State Agency Administrator
- Local Administrator/Manager
- Practitioner
- General Public
- Consumer/Recipient
- Other → **Please specify:** _____

Thank you for participating in our survey!
