



## **Survey of Satisfaction with Co-Occurring Disorders Integration and Innovation (CODI) Events**

This survey is intended to assess your satisfaction with the [add name of Co-Occurring Disorders Integration and Innovation (CODI) Event here] that you participated in. 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 4 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 e-mail at [sts@cloudburstgroup.com](mailto: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 4 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.



## Section A

A1. Please print the [title/name] of the Co-Occurring Disorders Integration and Innovation (CODI) event you participated in:

[This section will be completed by project staff prior to administration whenever possible]

A2. Which of the following best describes this CODI event? [This section will be completed by project staff prior to administration whenever possible]

- Online Training, Webinar, or Other Online Event
- In person conference presentation or workshop
- Annual or semi-annual Grantee Meeting presentation or workshop
- Other → **Please specify:** \_\_\_\_\_

A3. Please select the response that best indicates your opinion about the CODI event.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know/not applicable
a. The event was well organized.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I learned something valuable from participating in this event.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I expect to use the information I learned in this event.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. The presenters for this event were appropriate to the topic.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. The presenters for this event were knowledgeable about the content area.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I plan to apply the material presented during this event to my work on co-occurring disorders.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. The information provided was based on current research, best practices, and resources.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## Section B

The next few questions ask about any products you may have received as part of the CODI event. CODI products include issue briefs, fact sheets, manuals, online training curriculum, videos, and multimedia learning tools.

B1 Did you receive a product as part of the CODI event?

- Yes
- No → **GO TO SECTION C ON THE NEXT PAGE** [Questions B1-B4 will be automatically eliminated for Events with no CODI products]

B2. Please print the [name/title] of the product(s) that was/were used as part of the CODI event:

Product A: \_\_\_\_\_

Product B: \_\_\_\_\_

B3. How satisfied are you with the quality of

	Very satisfied	Satisfied	Neither satisfied nor dissatisfied	Dissatisfied	Very dissatisfied	Don't know/not applicable
a. Product A.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Product B.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B4. I plan to share the product with others within my organization.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know/not applicable
a. Product A.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Product B.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## Section C

---

The next questions ask about your overall opinion about the CODI event.

C1. Please select the response that best indicates your opinion about participating in the CODI event.

	Very satisfied	Satisfied	Neither satisfied nor dissatisfied	Dissatisfied	Very dissatisfied	Don't know/not applicable
a. How satisfied are you with the quality of the information/instruction you received during this event?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Overall, how satisfied are you with the CODI event?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C2. Which parts of the CODI event were most useful for you?

---

---

---

C3. What topics would you like to see addressed in future CODI events?

---

---

---

C4. What products or resources related to co-occurring mental health and substance use disorders would you like to see developed?

---

---

---



## Section D

---

The next few questions ask about your background and experience with co-occurring disorders.

D1. 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:** \_\_\_\_\_

D1a. **Optional:** Please indicate which grant program(s) you are part of:

\_\_\_\_\_

---

**Thank you for participating in our survey!**  
**We look forward to serving you at future CODI Events.**

---