

SAMHSA.gov

The Substance Abuse & Mental Health Services Administration

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Center for Substance Abuse Prevention (CSAP)

Your Opinion is Important To Us!

Help Improve Our Service To You By Providing Valuable Feedback!

The Center for Substance Abuse Prevention (CSAP) provides national leadership in the Federal effort to prevent alcohol, tobacco, and other drug problems.

CSAP is committed to providing high quality services, gaining insight regarding customer satisfaction, and targeting areas in need of improvement. We take pride in our work and value your feedback to ensure we maintain an excellent level of performance. Please take a few moments to complete this survey so we can continue to serve you better. We welcome your comments.

Sincerely yours,

Anna Marsh, Ph.D.
Acting Director, Center for Substance Abuse Prevention
Substance Abuse and Mental Health Services Administration

Federal Employees - [Click here to start](#) •

All Others - [Click here to start](#) •

The Substance Abuse & Mental Health Service Administration

Center for Substance Abuse Prevention (CSAP)

Customer Satisfaction Survey

- 1. Which CSAP service did you receive? (check all that apply)
Telephone or Email Consultation ____ Technical Assistance or Training ____ Site Visit ____
Presentation ____ Report or Publication ____ Web Link or Web Info ____ Other ____
- 2. Who provided you with this service? _____
- 3. What was the date(s) of this service? _____
- 4. Responsiveness (timeliness of service) Excellent Good Fair Poor N/A
- 5. Courtesy of CSAP employee(s) providing service Excellent Good Fair Poor N/A
- 6. Quality of Service Excellent Good Fair Poor N/A
- 7. Efficiency of Service Excellent Good Fair Poor N/A
- 8. Follow Through/Follow Up Excellent Good Fair Poor N/A
- 9. Overall Satisfaction: Very Satisfied____, Satisfied____, Unsatisfied____, Very Unsatisfied____

Please provide any suggestions on further improving our service. Comment box

Additional comments: Comment box

May we contact you regarding your experience with this service? Yes, no

Name (Optional)

Phone Number (Optional)

Email (Optional)

Agency/Organization (Optional)

Send

Clear

Send