

Project

Service Provider Feedback Survey

OMB NO. 0930-0270
Expiration Date xx/xx/xxxx

This brief survey is being conducted to learn about your opinions and experiences as a crisis counselor, team leader or supervisor for [name of project]. Do not put your name of this survey. We want you to feel completely free to express your opinion. Please use the black pen that came with this survey.

THANK FOR YOUR PARTICIPATION!

The first set of questions is about CCP training. First, please indicate whether or not you have had each type of training. Then, for each training you have completed, please rate how well the training helped to prepare you to do your job. Please "X" the box that best represents your opinion on a scale where:

"1" is the worst or least you can imagine and "10" is the best or most you can imagine.

Type of training	Have you had this training?		IF YES, How would you rate this training?									
	NO	YES	WORST									BEST
CCP Core Training	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10
Transition to RSP Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RSP Mid-program Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disaster Anniversary Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RSP Phasedown Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training on how to complete the CCP evaluation tools (e.g., logs, weekly tally)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other crisis counseling trainings offered by the State or your agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The next questions have to do with other things that can influence your work, such as supervision and support. Again please "X" the box that best represents your opinion on a scale where: "1" is the worst or least you can imagine and "10" is the best or most you can imagine.

How would you rate [name of project] on these other areas?	WORST										BEST
	1	2	3	4	5	6	7	8	9	10	
Quality of the supervision provided to you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Opportunities to interact with other staff in supportive ways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Support & training provided to help you avoid compassion fatigue or to cope with the stress of listening to and helping others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Opportunities for professional and personal growth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Appropriateness of the workload (i.e., neither too much nor too little)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Adequacy of the resources and tools you had available to do your job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
How well you understood how your job fit into the bigger picture of your community's response to the disaster	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
How well data from the evaluation were shared with crisis counseling teams or used to inform their work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
How well you believe the types of services provided by the project matched the types of need present in the community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The overall quality of services being provided by the project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
How likely you would be to recommend [name of project] to a friend or family member if he or she had the need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PLEASE ALSO ANSWER QUESTIONS ON THE BACK

These next questions are about the reactions you have experienced IN THE PAST MONTH. By reactions, we mean feelings, emotions, or thoughts about the crisis counseling program work you are doing. Your answers to these questions will help us to learn more about how service providers were themselves affected by the disaster and the work.

For each question, put an X in the box that best describes your reaction

	1, not at all	<input type="checkbox"/>	2, a little bit	<input type="checkbox"/>	3, somewhat	<input type="checkbox"/>	4, quite a bit	<input type="checkbox"/>	5, very much	<input type="checkbox"/>
Has your ability to handle other stressful events or situations been harmed by your crisis counseling work or your reactions to it?	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
Has the crisis counseling work or your reactions to it interfered with how well you take care of your physical health? For example, are you eating poorly, not getting enough rest, smoking more, or finding that you have increased your use of alcohol or other substances?	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
How much has the crisis counseling work or your reactions to it interfered with your ability to work or carry out your other daily activities, such as housework or schoolwork?	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
How much has your crisis counseling work or your reactions to it affected your relationships with your family or friends or interfered with your social, recreational, or community activities?	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>
How distressed or bothered are you about your reactions?	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>

If you answered some of these questions with a 4 or 5, you might want to talk with a counselor about your reactions. If you have concerns about your answers to these questions, please call xxxxxxxxxx.

These final questions are ONLY used to describe the total GROUP of people who completed the survey.

How many hours of crisis counseling program work do you do in a typical week? ☐ less than 20 ☐ 20-29 ☐ 30-39 ☐ 40 or more

How many months have you worked with the crisis counseling program? (If less than one month, please enter 0.)

Do you supervise the work of other crisis counselors? ☐ no ☐ yes

What county or parish do you work in mostly?
PLEASE PRINT YOUR ANSWER NEATLY IN CAPITALS >>>

What is your sex? ☐ male ☐ female How old are you?

What was the highest year of school that you completed?
☐ less than high school ☐ high school graduate ☐ some college ☐ college graduate ☐ masters degree ☐ doctoral degree

Which race best describes you? (Select one or more)
☐ American Indian / Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian / Pacific Islander ☐ White

Are you Hispanic/Latino? ☐ no ☐ yes

Do you have any comments you would like to share? If so, please use the box below.

Text

Public Burden Statement: 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 OMB control number for this project is 0930-0270. Public reporting burden for this collection of information is estimated to average 20 minutes per participant per year, 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, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 7-1044, Rockville, Maryland, 20857.