

**CENTER FOR SUBSTANCE ABUSE TREATMENT**

**Attachment 2-4: Customer Satisfaction Survey—Technical Assistance  
 Follow-up**

**Personal ID code, date of technical assistance, 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 technical assistance 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 technical assistance?	1	2	3	4	5
2. How satisfied are you with the quality of the staff leading the session?	1	2	3	4	5
3. How satisfied are you with the quality of the technical assistance materials?	1	2	3	4	5
4. Overall, how satisfied are you with your technical assistance experience?	1	2	3	4	5

PLEASE INDICATE YOUR AGREEMENT WITH THESE STATEMENTS ABOUT THE TECHNICAL ASSISTANCE.

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

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

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

How can CSAT improve its technical assistance?

**Thank you for completing our survey.**

*Return your survey in the enclosed envelope.*