

Attachment 3: SAMHSA Contact Center Customer Satisfaction Survey

OMB No. 0930-0197

Expiration Date: 01/31/17

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 0930-00197. Public reporting burden for this collection of information is estimated to average 3 minutes per respondent, 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 2-1057, Rockville, Maryland, 20857.

[The two versions of the survey are virtually identical. Because one survey is phone based and one is web based, we have modified the language to reflect the mode of collection. For example, in the phone-based survey, we instruct the caller to “press,” and in the web-based version, we instruct the customer to “select.” The web-based survey includes one additional open-ended question. Technology does not make this a feasible option on the phone survey.]

SAMHSA Customer Satisfaction Survey – Phone Version

Information Specialist Phone Script

Information Specialist: It is important for the Substance Abuse and Mental Health Services Administration (SAMHSA) to hear from you, so we are asking callers to participate in a 3-minute Contact Center Customer Satisfaction Survey. Your valuable feedback will help SAMHSA to improve the delivery of services and resources. If you are willing to take this short, confidential survey and would like to take it right now, I will gladly connect you to it.

Customer: Yes, I would like to take it.

Information Specialist: Great, I’ll connect you right away. Thank you for sharing your valuable time and feedback. If you need further assistance, please feel free to call us back and we will be glad to assist you.

1. What is the reason for your inquiry today? Press “1” if your interest is professional. Press “2” if your interest is personal.

2. [For callers selecting “professional” in question 1] Listen to the nine options and press the number that best describes your work:

1. Behavioral Health Treatment Provider
2. Other Health Care Provider
3. Nonprofit or Advocacy Organization
4. School or University
5. Policymaker or Government Agency
6. Criminal Justice or Courts
7. Employer

8. Health Insurer
9. Other

[For callers selecting “personal” in question 1] Listen to the three options and press the number that best describes your relationship to the person seeking information:

1. Family or Friend
2. Colleague or Employee
3. Myself

3. Was today your first time calling for SAMHSA’s services? Press “1” if this is your first time calling, or “2” if this is not your first time calling.

4. Would you recommend SAMHSA’s services to a friend or colleague? Press “1” if you are very likely to recommend, “2” if you are somewhat likely to recommend, “3” if you are unsure whether you would recommend, “4” if you are unlikely to recommend, or “5” if you are not at all likely to recommend.

5. How satisfied were you with the resources available? Press “1” if you are very satisfied, “2” if you are somewhat satisfied, “3” if you have no opinion, “4” if you are somewhat dissatisfied, or “5” if you are very dissatisfied.

6. Were you satisfied with the agent who handled your question today? Press “1” for very satisfied, “2” for somewhat satisfied, “3” for moderately satisfied, “4” for somewhat dissatisfied, or “5” for very dissatisfied.

Thank you for taking the time to offer your important feedback on the
SAMHSA Contact Center!

SAMHSA Customer Satisfaction Survey – Web-Based Form

OMB No. 0930-0197

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Your feedback is important for the Substance Abuse and Mental Health Services Administration (SAMHSA). Please participate in a brief 7-question Contact Center Customer Satisfaction Survey. Your valuable feedback will help SAMHSA to improve the delivery of services and resources.

Click one of the options below. If you click on “Start feedback questions now,” you are giving SAMHSA permission to review your anonymous responses.

- Start feedback questions now.
 I do not want to participate.

1. What is the reason for your inquiry today?

- Professional
- Personal

2a. If you selected “professional” in question 1, please select the option that best describes your work:

- Behavioral Health Treatment Provider
- Other Health Care Provider
- Nonprofit or Advocacy Organization
- School or University
- Policymaker or Government Agency
- Criminal Justice or Courts
- Employer
- Health Insurer
- Other

2b. If you selected “personal” in question 1, please select the option that best describes your relationship to the person seeking information:

- Family or Friend
- Colleague or Employee
- Myself

3. Was today your first time using SAMHSA’s services?

- Yes
- No

| | 1 Not at all likely | 2 Unlikely | 3 Neutral | 4 Likely | 5 Extremely likely |
|--|------------------------------|----------------------------|----------------|------------------------|------------------------------|
| 4. How likely are you to recommend SAMHSA’s services to a friend or colleague? | | | | | |
| | 1 Not at all satisfied | 2 Somewhat satisfied | 3 Satisfied | 4 Very satisfied | 5 Completely satisfied |
| 5. How satisfied were you | | | | | |

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| with the resources available? | | | | | |
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Thank you for taking the time to offer your important feedback on the SAMHSA Contact Center!