

Attachment 1: Medication-Assisted Treatment (MAT) App: User Feedback Survey

OMB No. 0930-0197

Expiration Date: 01/31/2017

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Thank you for using the [App Name]! We invite you to take this short, 11-question survey. Whether or not you complete the feedback questions, it will not affect any services you receive from the Substance Abuse and Mental Health Services Administration (SAMHSA).

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.

SAMHSA Customer Satisfaction Survey

1. You self-identify as: _____ Male _____ Female _____ Other (please specify)

2. What is your age?

- 18-24 years old
- 25-34 years old
- 45-44 years old
- 55-64 years old
- 65-74 years old
- 75 years or older

3. How did you hear about this app?

- Colleague
- Professional Meeting/Professional Organization
- Online Advertisement (e.g., Google ad, Facebook ad)
- Online App Store (e.g., iTunes, Google Play)
- Email From SAMHSA
- Journal or newspaper article
- SAMHSA Website
- Social Media (e.g., Facebook, Twitter, Instagram, LinkedIn, blog)

- Other (please specify): _____

4. What is your primary professional role?

- Alcohol and/or other Substance Use Disorder (SUD) Counselor
- Dentist
- Doctor of Nursing Practice (DNP)
- Licensed Clinical Social Worker (LCSW)
- Medical Social Worker (MSW)
- Mental/Behavioral Health Therapist
- Nurse
- Nurse Practitioner
- Osteopath
- Pharmacist
- Physician’s Assistant
- Primary Care Physician
- Psychiatrist
- Psychologist
- Other (please specify): _____

5. In what setting did you use this app?

- Outpatient Clinical Setting
- Inpatient Clinical Setting
- In the Field (e.g., offsite consultation, home visit, street outreach site)
- During a Training/Clinical Consultation/Clinical Supervision
- Other (please specify): _____

	1 Not at all effective	2 Somewhat effective	3 Effective	4 Very effective	5 Not applicable
6. Was this app effective in supporting your practice of medication-assisted treatment?					
	1 Strongly Agree	2 Agree	3 Neutral	4 Disagree	5 Strongly Disagree
7. This app helped me locate resources and services to better serve patients with substance					

use disorders (SUD).					
	1 Strongly Agree	2 Agree	3 Disagree	4 Strongly Disagree	5 Not Applicable
8. This app provided me with resources and information I need to pursue becoming DATA-waived, so that I can begin treating with buprenorphine for opioid misuse.					
	1 Strongly Agree	2 Agree	3 Neutral	4 Disagree	5 Strongly Disagree
9. This app was user friendly					
	1 Not at all likely	2 Unlikely	3 Neutral	4 Likely	5 Extremely likely
10. How likely are you to use this app again?					

11. Things I would suggest to improve this app are: _____

Thank you for taking the time to offer your important feedback on this SAMHSA app!