

This form is to be completed prior to the semi-structured interviews.

VITEL Evaluation
Client Focus Group Participant Information

CSAT would like to learn more about you and your involvement in this organization/program. Please take a few minutes to answer these questions before the focus group begins. Your help in answering these questions is greatly appreciated and your answers will be held in confidence.

Grantee ID Number: _____ **Date:** _____

1. How long have you been a client of the program? _____

2. Is this your first time in a substance use disorder treatment program?

Yes No

If no, how many times have you been in treatment? _____

3. What is your gender? Male Female Transgender

4. What is your age? _____

5. Are you Hispanic or Latino? Yes No

6. If yes, what ethnic group do you consider yourself? Please answer yes or no for each of the following. You may say yes to more than one.

Central American	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Puerto Rican	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cuban	<input type="checkbox"/> Yes	<input type="checkbox"/> No	South American	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Dominican	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mexican	<input type="checkbox"/> Yes	<input type="checkbox"/> No	(If Yes, Specify)		

7. What is your race? Please answer yes or no for each of the following. You may check all that apply.

American Indian / Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Native Hawaiian / Other Pacific Islander	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Asian	<input type="checkbox"/> Yes	<input type="checkbox"/> No	White	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Black / African American	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

8. Education (Highest Completed):

<input type="checkbox"/> Some High School	<input type="checkbox"/> Some Vocational/technical training
<input type="checkbox"/> High School Diploma/GED	<input type="checkbox"/> Vocational/technical certificate or diploma
<input type="checkbox"/> Associate's Degree	<input type="checkbox"/> Bachelor's Degree (e.g., BS, BA)
<input type="checkbox"/> Other (please specify) _____	

Notice to Respondent

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-xxxx. Public reporting burden for this collection of information is estimated to average 10 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.

Satisfaction with VITEL Program Services

9. VITEL program satisfaction

Please indicate how much you agree or disagree with each statement below. Please select the one that best describes how you feel for each statement.

	Disagree	Somewhat Agree	Agree	Strongly Agree	Does Not Apply
1. When I needed intimate partner violence (IPV) services right away, I was able to see someone as soon as I wanted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The people who delivered intimate partner violence (IPV) screenings and referrals were adequately trained.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The people were courteous and provided a safe and respectful environment for IPV screening.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I received adequate support and/or resources to make it to my IPV referral appointment(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The people I went to for IPV services spent enough time with me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The people I went to for IPV services were sensitive to my cultural background (race, religion, language, sexual orientation, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I was given information about different IPV intervention services that were available to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I was given enough information to effectively handle my problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

THANK YOU!