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

VITEL Evaluation – Data Sheet

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 discussion begins. Your help in answering these questions is greatly appreciated and your answers will be held in confidence.

**Grantee ID Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Organization:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Phone #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Years in current position:** \_\_\_\_\_\_\_\_\_\_\_\_\_ **Years in substance abuse Tx field:** \_\_\_\_\_\_\_\_

**What is you role?**

Executive  Project Director/Coordinator  Direct Staff  Partner/Collaborator

**What is your gender?**  MaleFemale Transgender

**What is your age?** \_\_\_\_\_\_\_\_\_\_\_years old

**Are you Hispanic or Latino?**  Yes  No

***[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  Yes  No

Cuban  Yes  No

Dominican  Yes  No

Mexican  Yes  No

Puerto Rican  Yes  No

South American  Yes  No

Other  Yes  No

(If *Yes,* Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

American Indian /  Yes  No Alaska Native

Asian  Yes  No

Black / African American  Yes  No

Native Hawaiian /  Yes  No

Other Pacific Islander

White  Yes  No

**Education  *(Highest Completed*):**

Some High School  Some Vocational/technical training

High School Diploma/GED  Vocational/technical certificate or diploma

Associate’s Degree  Bachelor’s Degree (e.g., BS, BA)

Other *(please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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| **Notice to Respondents** |
| 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. |