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?** [ ]  Male **[ ]** Female **[ ]** 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.  |