

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 your 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	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Mexican	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cuban	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Puerto Rican	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Dominican	<input type="checkbox"/> Yes	<input type="checkbox"/> No	South American	<input type="checkbox"/> Yes	<input type="checkbox"/> No
			Other	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 / 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			

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 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.