

## Addiction Technology Transfer Center (ATTC) Network Post-Event Form for Meeting

<b>Participants – Please Write Your Unique Personal Code Here as Follows:</b>			
<b>First Letter of Mother’s First Name:</b>		<b>First Letter of Mother’s Maiden Name:</b>	
<b>First Digit of Social Security Number:</b>		<b>Last Digit of Social Security Number:</b>	
<b>Office Use Only - ATTC Event Code:</b>			

	<u>Very Satisfied</u>	<u>Satisfied</u>	<u>Neutral</u>	<u>Dissatisfied</u>	<u>Very Dissatisfied</u>
1. How satisfied are you with the overall quality of this meeting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. How satisfied are you with the quality of the information/instruction from this meeting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. How satisfied are you with the quality of the meeting materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Overall, how satisfied are you with your meeting experience?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	<u>Strongly Agree</u>	<u>Agree</u>	<u>Neutral</u>	<u>Disagree</u>	<u>Strongly Disagree</u>
PLEASE INDICATE YOUR AGREEMENT WITH THESE STATEMENTS ABOUT THE MEETING.					
5. The meeting was well organized.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The material presented in this meeting will be useful to me in dealing with substance abuse.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I expect to use the information gained from this meeting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I expect this meeting to benefit my clients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. This meeting was relevant to substance abuse treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I would recommend this meeting to a colleague.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	<u>Very Useful</u>	<u>Useful</u>	<u>Neutral</u>	<u>Useless</u>	<u>Not Applicable</u>
11. How useful was the information you received?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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12. Your gender:  Female  Male  Transgender

13. Are you Hispanic or Latino/a?  Yes  No

14. What is your race? (*select one or more*):

- |  |  |
|--|--|
| <input type="checkbox"/> American Indian           | <input type="checkbox"/> Native Hawaiian                       |
| <input type="checkbox"/> Alaska Native             | <input type="checkbox"/> Other Pacific Islander                |
| <input type="checkbox"/> Asian                     | <input type="checkbox"/> White                                 |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other ( <i>please specify</i> ) _____ |

15. What is the highest degree you have received (*select one*)?

- Some high school, but no diploma or equivalent
- High school diploma or equivalent
- Some college but no degree
- Associate's degree
- Bachelor's degree
- Master's degree
- Doctoral degree or equivalent
- Other (*please specify*): \_\_\_\_\_

16. What is your **primary** profession (*select one*)?

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Counselor                                     | <input type="checkbox"/> Community health worker                 |  |
| <input type="checkbox"/> Addictions professional                       | <input type="checkbox"/> Health educator                         | <input type="checkbox"/> Registered nurse                      |
| <input type="checkbox"/> Social worker                                 | <input type="checkbox"/> Educator (post-secondary or continuing) | <input type="checkbox"/> Licensed practical nurse              |
| <input type="checkbox"/> Recovery specialist                           | <input type="checkbox"/> Public or Business Administrator        | <input type="checkbox"/> Advanced practice nurse               |
| <input type="checkbox"/> Mental health professional                    | <input type="checkbox"/> Researcher                              | <input type="checkbox"/> Pharmacist                            |
| <input type="checkbox"/> Criminal justice/law enforcement professional | <input type="checkbox"/> Physician                               | <input type="checkbox"/> Dentist                               |
| <input type="checkbox"/> Disease intervention specialist/investigator  | <input type="checkbox"/> Physician assistant                     | <input type="checkbox"/> Other dental professional             |
|  |  | <input type="checkbox"/> Other ( <i>please specify</i> ) _____ |

17. If you are a student, what is your **primary** field of study (*select one*)?

- |  |  |
|--|--|
| <input type="checkbox"/> Not a student                           | <input type="checkbox"/> Counseling                        |
| <input type="checkbox"/> Psychology                              | <input type="checkbox"/> Social Work                       |
| <input type="checkbox"/> Medicine                                | <input type="checkbox"/> Nursing                           |
| <input type="checkbox"/> Pharmacology                            | <input type="checkbox"/> Dentistry                         |
| <input type="checkbox"/> Basic, translational or applied science | <input type="checkbox"/> Criminal justice/law enforcement  |
| <input type="checkbox"/> Addiction                               | <input type="checkbox"/> Education                         |
| <input type="checkbox"/> Public health                           | <input type="checkbox"/> Public or business administration |
| <input type="checkbox"/> Other ( <i>please specify</i> )         |  |

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18. In which discipline(s) are you currently licensed or certified (*select one or more*)?

- |  |   |
|--|---|
| <input type="checkbox"/> Not licensed or certified | <input type="checkbox"/> Addictions prevention, treatment or recovery |
| <input type="checkbox"/> Counseling                | <input type="checkbox"/> Psychology                                   |
| <input type="checkbox"/> Social Work               | <input type="checkbox"/> Medicine                                     |
| <input type="checkbox"/> Nursing                   | <input type="checkbox"/> Pharmacology                                 |
| <input type="checkbox"/> Dentistry                 | <input type="checkbox"/> Other (please specify) _____                 |

19. Which best describes your role at your current workplace (*select one*)?

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Clinician / care provider/direct service provider | <input type="checkbox"/> Counselor                          | <input type="checkbox"/> Trainer / TA Provider                 |
| <input type="checkbox"/> Clinical Supervisor                               | <input type="checkbox"/> Mental health therapist            | <input type="checkbox"/> Group Facilitator                     |
| <input type="checkbox"/> Recovery Specialist                               | <input type="checkbox"/> Parole/Probation/Re-Entry Support  | <input type="checkbox"/> Not currently employed                |
| <input type="checkbox"/> Manager / coordinator/administrator               | <input type="checkbox"/> Outreach staff                     | <input type="checkbox"/> Other ( <i>please specify</i> ) _____ |
| <input type="checkbox"/> Client / patient educator                         | <input type="checkbox"/> Disease intervention/investigation |  |
| <input type="checkbox"/> Case manager                                      | <input type="checkbox"/> Resident / fellow                  |  |
| <input type="checkbox"/> Prevention case manager                           | <input type="checkbox"/> Teacher / faculty                  |  |

20. Which best describes your **principal** employment setting (*select one*)?

- |  |   |
|--|---|
| <input type="checkbox"/> Community or Faith-based service organization (CBO/FBO) | <input type="checkbox"/> School/university-based health clinic  |
| <input type="checkbox"/> Government (federal, state or municipal)                | <input type="checkbox"/> Correctional facility                  |
| <input type="checkbox"/> State/local health department                           | <input type="checkbox"/> Probation/parole office                |
| <input type="checkbox"/> School/university (academic department)                 | <input type="checkbox"/> Local law enforcement department       |
| <input type="checkbox"/> Hospital/Hospital-affiliated clinic                     | <input type="checkbox"/> Military/VA                            |
| <input type="checkbox"/> HMO/managed care organization                           | <input type="checkbox"/> Tribal/Indian Health Service           |
| <input type="checkbox"/> Solo/group private practice                             | <input type="checkbox"/> Community health center                |
| <input type="checkbox"/> Addictions treatment program (inpatient)                | <input type="checkbox"/> Not currently employed                 |
| <input type="checkbox"/> Addictions treatment program (outpatient)               | <input type="checkbox"/> Other: ( <i>please specify</i> ) _____ |
| <input type="checkbox"/> Addictions treatment program (residential)              |   |
| <input type="checkbox"/> Recovery support program                                |   |

21. What is the zipcode of your principal employment setting?

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22. What about the meeting was most useful in supporting your work responsibilities?

23. How can the ATTC Network improve its meetings?

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**First Letter of Mother's Maiden Name:**

**First Digit of Social Security Number:**

**Last Digit of Social Security Number:**

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**Thank you for completing our survey.**

*Return your survey to the Survey Administrator for your Session.*

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