

[Insert SPARS Logo]

**Survey of Satisfaction with
Substance Abuse and Mental Health Services' (SAMHSA's)
Performance Accountability and Reporting System
(SPARS)**

Training and Technical Assistance (TTA) Events

This survey is intended to assess your satisfaction with the **[add name of SPARS TTA event here]**. Individual responses will not be released to federal staff or individual TA providers. The results of the survey will only be presented in aggregate form so that individual responses cannot be identified.

The survey will require no more than six minutes to complete. Participation in the survey is entirely voluntary.

For questions regarding this survey, please contact the SPARS TTA Evaluator, Dr. Steven T. Sullivan, by telephone at 301-385-6693 or by email at sts@cloudburstgroup.com.

For further information regarding SPARS TTA activities, please go to: **[insert link to SPARS TTA website]**

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 0930-0197. Public reporting burden for this collection of information is estimated to average 6 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, 5600 Fishers Lane, Room 15E57B, Rockville, Maryland, 20857.

Section A

A1. Please print the [title/name] of the SPARS TTA event you participated in: [This section will be completed by project staff prior to administration whenever possible.]

A2. Which of the following best describes this SPARS TTA event? [This section will be completed by project staff prior to administration whenever possible.]

- Online training, webinar, or other online event
- Site visit or other on-site technical assistance
- Long-term telephone/email consultation
- In-person conference presentation or workshop
- Annual or semi-annual Grantee Meeting presentation or workshop
- Other → **Please specify:** _____

A3. Please select the response that best indicates your opinion about the SPARS TTA event.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know/not applicable
a. The event was well organized.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I learned something valuable from participating in this event.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I expect to use the information I learned in this event.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. The presenters and/or technical staff for this event were knowledgeable about the content area.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. The information provided was based on current research, best practices, and resources.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section B

The next questions ask about your overall opinion about the SPARS TTA event.

- B1. Please select the response that best indicates your opinion about participating in the SPARS TTA event.

	Very satisfied	Satisfied	Neither satisfied nor dissatisfied	Dissatisfied	Very dissatisfied	Don't know/not applicable
a. How satisfied are you with the quality of the information/instruction/assistance you received during this event?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. How satisfied are you with the quality of the products you received as part of this event (e.g. slide presentation, worksheets, resource list, or other tools)?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Overall, how satisfied are you with the SPARS TTA event?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- B2. **Optional:** Please provide any additional comments or recommendations for future SPARS training or technical assistance events.

Section C

The next few questions ask about your background and experience with SAMHSA program data.

C1. Which of the following categories best describes your role?

Mark all that apply.

- SAMHSA Center for Substance Abuse Prevention (CSAP) grantee
- SAMHSA Center for Mental Health Services (CMHS) grantee
- SAMHSA Center for Substance Abuse Treatment (CSAT) grantee
- SAMHSA Center for Substance Abuse Prevention (CSAP) staff
- SAMHSA Center for Mental Health Services (CMHS) staff
- SAMHSA Center for Substance Abuse Treatment (CSAT) staff
- SAMHSA Center for Behavioral Health Statistics and Quality (CBHSQ) staff
- Other → **Please specify:** _____

C1a. **Optional:** Please indicate which grant program(s) you oversee or are part of:

Thank you for participating in our survey!
We look forward to serving you at future SPARS TTA
events.
