ATTACHMENT C: SCREENSHOTS OF SURVEY



Survey of Satisfaction with Substance Abuse and Mental Health Services Administration's (SAMHSA's) Performance Accountability and Reporting System (SPARS) Training and Technical Assistance (TTA) Events

> OMB No. 0930-0197 Expiration Date: 01/31/2020

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: https://spars.samhsa.gov

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 valid OMB control number. The OMB control number for this project is 0930-0197. Public reporting burden for this collection information is estimated to average 6 minutes per respondent, per year, including 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, MD 20857.

Events	nd Reporting System (SPARS) Training and Technical Assistance (TT
Section A	
1. Please print the [title/name] of the SPA administration whenever possible.]	ARS TTA event you participated in: [This section will be completed by project staff prior to
2. Which of the following best describes whenever possible.]	this SPARS TTA event? [This section will be completed by project staff prior to administra
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whenever possible.]	e event
whenever possible.] Online training, webinar, or other online	ie event
whenever possible.] Online training, webinar, or other online Site Visit or other on-site technical ass	ie event iistance
whenever possible.] Online training, webinar, or other online Site Visit or other on-site technical ass Long-term telephone/email consultation	istance on workshop

3. 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
The event was well organized	0	0	0	0	0	0
I learned something valuable from participating in this event	0	0	0	0	0	0
I expect to use the information I learned in this event	0	0	0	0	0	0
The presenters and/or technical staff for this event were knowledgeable about the content area	0	0	0	0	0	0
The information provided was based on current research, best practices, and resources	0	0	0	0	0	0
		Pre	ev Next			

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Section B

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

4. 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
How satisfied are you with the quality of the information/instruction/ assistance you received during this event?	•	•	•	0	•	•
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)?	0	0	0	0	0	0
Overall, how satisfied are you with the SPARS TTA event?	0	0	0	0	0	0

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



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Section C

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

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

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)

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

1	
Prev	Next

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Thank you for participating in our survey!

We look forward to serving you at future SPARS TTA events.

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