Product Feedback Survey

Hosted on Survey Monkey and accessed via a link on the KAP website

[Note: We assume that this survey will be taken by people who have recently used a KAP product and have chosen to follow the link to the product survey, which will be hosted on the KAP website and for which a link will be provided in the product itself. Questions in this survey were developed under the assumption that respondents will have reviewed the product and can provide meaningful feedback.]

**Introduction Page:**

Thank you for taking the time to complete this survey. Your feedback will help ensure future products meet your needs.

We will not collect or retain any personal identification information, including your email address, without your permission. All responses are combined for reporting purposes.

**We really appreciate your help!**

*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 7 minutes per respondent, per year, including the time for including the time for reviewing instruction. 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 Rockville, MD 20857.*

**Substance Abuse and Mental Health Services Administration (SAMHSA)**

**Center for Substance Abuse Treatment (CSAT)**

**Knowledge Application Program (KAP)**

**Product Feedback**

1. *The following questions refer to the product you recently ordered or accessed online. Please select the product about which you are providing feedback:*

**TIP**

⃝ TIP 35: Enhancing Motivation for Change in Substance Abuse Treatment

⃝ TIP 41: Substance Abuse Treatment: Group Therapy

⃝ TIP 42: Substance Abuse Treatment for Persons With Co-Occurring Disorders

⃝ TIP 51: Substance Abuse Treatment: Addressing the Specific Needs of Women

⃝ TIP 52: Clinical Supervision and Professional Development of the Substance Abuse Counselor

⃝ TIP 57: Trauma-Informed Care in Behavioral Health Services

⃝ TIP 59: Improving Cultural Competence

⃝ Other TIP, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TAP**

⃝ TAP 21: Addiction Counseling Competencies: The Knowledge, Skills, and Attitudes of Professional Practice

⃝ TAP 21-A: Competencies for Substance Abuse Treatment Clinical Supervisors

⃝ TAP 33: Systems-Level Implementation of Screening, Brief Intervention, and Referral to Treatment

⃝ Other TAP, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Advisory/In-Brief**

⃝ Advisory: Obsessive-Compulsive Disorder and Substance Use Disorders

⃝ Advisory: Clients with Attention Deficit Hyperactivity Disorder and Substance Use Disorders

⃝ In-Brief: Rural Behavioral Health: Telehealth Challenges and Opportunities

⃝ In-Brief: Prescription Drug Monitoring Programs: A Guide for Healthcare Providers

⃝ In-Brief: Adult Drug Courts and Medication-Assisted Treatment for Opioid Dependence

⃝ In-Brief: An Introduction to Co Occurring Borderline Personality Disorder and Substance Use Disorders

⃝ Other Advisory/In-Brief, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Brochure/Booklet**

⃝ Alcohol and Depression: Steve’s Path to a Better Life

⃝ What is Substance Abuse Treatment? A Booklet for Families

⃝ Take Action Against Hepatitis C – Education Session Guide

⃝ Faces of Change: Do I Have a Problem with Alcohol or Drugs?

⃝ The Next Step Toward a Better Life Based on TIP 45

⃝ Other Brochure/Booklet, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Quick Guide/KAP Key**

⃝ Quick Guide for Clinicians Based on TIP 57: Trauma-Informed Care in Behavioral Health Services

⃝ Quick Guide for Administrators Based on TIP 59: Improving Cultural Competence

⃝ KAP Keys for Clinicians Based on TIP 57: Trauma-Informed Care and Behavioral Health Services

⃝ Other Quick Guide/KAP Key (please specify:) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Training Material/Guide**

⃝ Anger Management for Substance Abuse and Mental Health Clients: A Cognitive Behavioral Therapy Manual

⃝ Anger Management for Substance Abuse and Mental Health Clients Participant Workbook

⃝ Brief Counseling for Marijuana Dependence: A Manual for Treating Adults

⃝ Cannabis Youth Treatment Series, Vol. 1: Motivational Enhancement Therapy and Cognitive Behavioral Therapy for Adolescent Cannabis Users. 5 Sessions

⃝ Matrix Intensive Outpatient Treatment for People with Stimulant Use Disorders: Counselor's Family Education Manual w/CD

⃝ Substance Abuse Treatment: Group Therapy Inservice Training, Based on TIP 41

⃝ Other Training Manual/Guide (please specify:) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Spanish Products**

⃝ Anger Management for Substance Abuse and Mental Health Clients: A Cognitive Behavioral Therapy Manual (Spanish Version)

⃝ Anger Management for Substance Abuse and Mental Health Clients Participant Workbook (Spanish Version)

⃝ El Tratamiento para el Abuso de las Drogas y el Alcohol (Alcohol and Drug Treatment: How it Works, and How it Can Help You)

⃝ Other Spanish Product, (please specify:) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **A.** Through which source did you first hear about this product? *(please select all that apply)*

* SAMHSA
* Other government agency (Please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
* Professional organization (Please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
* Consumer advocacy or recovery group (Please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
* Google or other online search engine
* Colleague or clinical supervisor
* Academic or scientific institution (Please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_)
* Trade or commercial news source (Please specify:\_\_\_\_\_\_\_\_\_\_)
* Other: (Please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**B.** Through which method did you first hear about this product?

* Email notification
* Text message
* Blog post
* Social media (e.g., Twitter, Facebook, LinkedIn)
* Podcast
* Video
* Word-of-mouth
* Mentioned/cited in a journal, book, newsletter, or other professional publication
* Mentioned/cited in a webinar or e-learning course
* Mentioned at an in-person conference, training, or workshop
* Mentioned in an academic course
* Direct search link (i.e., you searched for material on a topic and this product appeared among your search results)
* Other (Please specify:**\_\_\_\_\_\_\_\_\_\_**)

1. How did you use this product? (Please select all that apply.)

* As a resource for clients to use on their own
* To provide psychoeducation for clients
* To gather talking points for sharing information with colleagues (e.g., at conferences, in presentations)
* To obtain guidance on useful resources
* To inform myself of best practices for screening, assessment, and treatment
* In training/workforce development efforts
* To support clinical supervision and consultation
* For program development (e.g., policies and procedures, administrative guidelines, community partnership-building)
* To provide materials in languages other than English (please specify languages:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

1. How satisfied are you with how this product met your needs? (Please select only one.)

⃝ Very satisfied ⃝ Somewhat satisfied ⃝ Neutral ⃝ Somewhat dissatisfied ⃝ Very dissatisfied

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please provide feedback on the content, format, and accessibility of this resource in the scaled questions below. Please also comment on what could be improved or what you like most about each element.

**The content in this resource was:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| a. | | 1 | 2 | 3 | 4 | 5 |
|  | Much too basic |  | An appropriate level of complexity |  | Much too complicated |

Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| b. | 1 | 2 | 3 | 4 | 5 |
|  | Very out-of-date |  | Somewhat dated, but still relevant |  | Very current |

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| c. | 1 | 2 | 3 | 4 | 5 |
|  | Not at all comprehensive |  | Somewhat comprehensive |  | Very comprehensive |

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| d. | 1 | 2 | 3 | 4 | 5 |
|  | Not at all useful |  | Somewhat useful |  | Very useful |

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| e. | 1 | 2 | 3 | 4 | 5 |
|  | Hard to understand |  | Somewhat understandable |  | Easy to understand |

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| f. | 1 | 2 | 3 | 4 | 5 |
|  | Totally inappropriate for diverse audiences |  | Somewhat appropriate for diverse audiences |  | Completely appropriate for diverse audiences |

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| g. | 1 | 2 | 3 | 4 | 5 |
|  | Not at all authoritative |  | Somewhat authoritative |  | Completely authoritative |

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **The format and design/layout of this resource:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| a. | 1 | 2 | 3 | 4 | 5 |
|  | Was much too short |  | Was just the right length |  | Was much too long |

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| b. | 1 | 2 | 3 | 4 | 5 |
|  | Hindered my comprehension |  | Did not affect my comprehension |  | Enhanced my comprehension |

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| c. | 1 | 2 | 3 | 4 | 5 |
|  | Included completely unhelpful/ uninteresting figures and images |  | Included figures and images that were neither helpful nor unhelpful |  | Included very helpful/ interesting figures and images |

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Accessibility** 
   1. How quickly did the product load on your mobile device (e.g., tablet, smartphone, e-Book reader)?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | N/A |
| Very slowly |  | Average speed |  | Very quickly | Did not access on mobile device |

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. How legible/readable was the product on your mobile device?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | N/A |
| Very hard to read |  | Readable |  | Very easy to read | Did not access on mobile device |

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. How accessible was this product’s content via screen reader or text-to-speech tool?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | 2 | 3 | 4 | 5 | | N/A |
| Totally inaccessible |  | Somewhat accessible |  | | Very accessible | Did not use a screen reader or text-to-speech tool to read this product |

Name of program or tool used, if applicable:­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Professional Background**

*Knowing a little about the users of our products helps us tailor them to be most useful. Please share some information about your background.*

1. What is your area of specialization? (Please select all that apply.)

* Addiction treatment
* Substance use prevention/education services
* Primary care/nursing/other health care
* Behavioral health services
* Criminal justice/courts
* Employee assistance services
* Recovery support
* Tribal leadership
* Other (Please specify:**\_\_\_\_\_\_\_\_\_**)

1. How many years have you worked in this area?

Total number of years: \_\_\_

1. Which best describes your current position at work? (Please select all that apply.)

* Counselor/therapist
* Peer counselor/SUD program volunteer
* Primary care practitioner
* Clinical supervisor
* Program manager
* Administrator
* Case manager
* Intake counselor, assessor, or evaluator
* Policymaker
* Outreach worker
* Analyst
* Trainer/educator
* Employee assistance provider
* Law enforcement officer
* Behavioral health service provider
* Other (Please specify:**\_\_\_\_\_\_\_\_\_**)

1. Which population(s) do you serve? (Please select all that apply.)

* Women
* Men
* Families
* Rural/remote populations
* Urban populations
* Adolescents (ages 12–17)
* Young adults (ages 18–24)
* Specific cultural groups (Please specify:\_\_\_\_\_\_\_\_\_))
* Individuals in the criminal justice system
* Individuals in primary medical care
* People with/in recovery from substance use disorders
* People with or in recovery from mental disorders
* People with medical/physical health issues
* I do not work directly with people receiving services or in an agency that provides services
* Other (Please specify:**\_\_\_\_\_\_\_\_\_**)

1. In which region do you or your agency provide services? (please select all that apply)

* Northeast (CT, ME, MA, NH, NJ, NY, PA, RI, VT)
* South (AL, AR, DE, FL, GA, KY, LA, MD, MS, NC, OK, SC, TN, TX, VA, WV)
* Midwest (IL,IN, IA, KS, MI, MN, NE, ND, OH, SD, WI)Rural/remote populations
* West (AK, AZ, CA, CO, HI, ID, NM, MT, NV, OR, UT, WA, WY)
* Puerto Rico, Guam, or other U.S. Territories
* N/A - I do not work directly with clients/patients or in an agency that provides client/patient services

1. Would you consider the area where you or your agency provide services to be: (please select all that apply)

|  |  |  |  |
| --- | --- | --- | --- |
| * Rural | * Urban | * Suburban | * Reservation or tribal lands |
| ⃝ N/A - I do not work directly with clients/patients or in an agency that provides client/patient services | | | |

1. Do you hold a degree, license, or certification in addiction treatment or a related area (e.g., licensed professional counselor or social worker, Ph.D. psychologist, M.D. psychiatrist/general practitioner)?

* Yes (Please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_)
* No

Thank you for completing this survey. To help us further understand how we can meet the needs of professionals like you, we invite you to participate in future discussions about KAP’s product topics and formats, promotional efforts, and audience engagement initiatives. If you are interested in joining the conversation, please send your name and contact information to [INSERT SAMHSA EMAIL ADDRESS]. Your responses on this survey will remain anonymous and your contact information will not be shared with anyone other than KAP staff members running the sessions. *Thank you!*