

KAP Customer Information Survey Distributed via Survey Monkey

Introduction Page:

The Substance Abuse and Mental Health Services Administration's (SAMHSA's) Knowledge Application Program (KAP) develops information resources to translate data to practice on the treatment of substance use disorders.

We need your help!

To ensure that KAP products continue to meet the needs of professionals like you, please complete this brief survey. Your responses will help us enhance the development, dissemination, and use of KAP products. We do not collect or retain any personally identifying information, including your email address, without your permission. All responses are combined for reporting purposes.

Thank you for taking the time to complete this survey.

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 and reviewing sample products. 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.

Personal Background

Learning about our users helps us tailor our products to be most useful.

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

<input type="checkbox"/> Addiction treatment	<input type="checkbox"/> Criminal justice/courts
<input type="checkbox"/> Substance use prevention/education services	<input type="checkbox"/> Employee assistance services
<input type="checkbox"/> Primary care/nursing/other health care	<input type="checkbox"/> Recovery support
<input type="checkbox"/> Behavioral health services	<input type="checkbox"/> Tribal leadership
	<input type="checkbox"/> Other (Please specify: _____)

2. How many years have you worked in your specialty? Total number of years: ____

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

<input type="checkbox"/> Counselor/therapist	<input type="checkbox"/> Case manager	<input type="checkbox"/> Employee assistance provider
<input type="checkbox"/> Peer counselor/SUD program volunteer	<input type="checkbox"/> Intake counselor, assessor, or evaluator	<input type="checkbox"/> Law enforcement officer
<input type="checkbox"/> Primary care practitioner	<input type="checkbox"/> Policymaker	<input type="checkbox"/> Behavioral health services provider
<input type="checkbox"/> Clinical supervisor	<input type="checkbox"/> Outreach worker	<input type="checkbox"/> Other (Please specify: _____)
<input type="checkbox"/> Program manager	<input type="checkbox"/> Analyst	
<input type="checkbox"/> Administrator	<input type="checkbox"/> Trainer/educator	

4. What client/patient population(s) do you serve? (Please select all that apply.)

<input type="checkbox"/> Women	<input type="checkbox"/> Patients in primary care
<input type="checkbox"/> Men	<input type="checkbox"/> People with or in recovery from substance use disorders
<input type="checkbox"/> Families	<input type="checkbox"/> People with or in recovery from mental disorders
<input type="checkbox"/> Rural/remote populations	<input type="checkbox"/> People with medical/physical health issues
<input type="checkbox"/> Urban populations	<input type="checkbox"/> I do not work directly with clients/patients or in an agency that provides client/patient services
<input type="checkbox"/> Adolescents (ages 12-17)	<input type="checkbox"/> Other (Please specify: _____)
<input type="checkbox"/> Young adults (ages 18-24)	
<input type="checkbox"/> Specific cultural groups (Please specify: _____)	
<input type="checkbox"/> Individuals in the criminal justice system	

5. In which state are you employed? ____

6. In which region(s) do you or your agency provide services? (Please select all that apply)

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

7. Would you consider the area(s) where you or your agency provide services to be:

<input type="checkbox"/> Rural	<input type="checkbox"/> Urban	<input type="checkbox"/> Suburban	<input type="checkbox"/> Reservation or tribal lands
<input type="radio"/> N/A - I do not work directly with clients/patients or in an agency that provides client/patient services			

8. 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)?

<input type="checkbox"/> Yes (Please specify: _____)	<input type="checkbox"/> No
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Information Needs

To understand how we can best meet your information needs, the next few questions focus on the types of information resources you use and how you gather new information.

9. What sources do you rely on to learn about new developments in your field? (Please select your top 3 sources.)
- | | |
|--|--|
| <input type="checkbox"/> SAMHSA | <input type="checkbox"/> Google or other online search engine |
| <input type="checkbox"/> Other government agency
(Please specify: _____) | <input type="checkbox"/> Colleague or clinical supervisor |
| <input type="checkbox"/> Professional organization
(Please specify: _____) | <input type="checkbox"/> Academic or scientific institution
(Please specify: _____) |
| <input type="checkbox"/> Consumer advocacy or recovery group (Please specify: _____) | <input type="checkbox"/> Trade or commercial news source
(Please specify: _____) |
| | <input type="checkbox"/> Other: (Please specify: _____) |
10. In what ways are you most likely to hear about new information and resources related to your field? (Please select the top 3.)
- | | |
|--|--|
| <input type="checkbox"/> Email notification | <input type="checkbox"/> Mentioned/cited in a webinar or e-learning course |
| <input type="checkbox"/> Text message | <input type="checkbox"/> Mentioned at an in-person conference, training, or workshop |
| <input type="checkbox"/> Blog post | <input type="checkbox"/> Mentioned in an academic course |
| <input type="checkbox"/> Social media (e.g., Twitter, Facebook, LinkedIn) | <input type="checkbox"/> Direct search link (i.e., you searched for material on a topic and this product appeared among your search results) |
| <input type="checkbox"/> Podcast | <input type="checkbox"/> Other (Please specify: _____) |
| <input type="checkbox"/> Video | |
| <input type="checkbox"/> Word-of-mouth | |
| <input type="checkbox"/> Mentioned/cited in a journal, book, newsletter, or other professional publication | |
11. Which elements contribute to a resource's authoritativeness? (Please select the top 3 elements.)
- | | |
|---|--|
| <input type="checkbox"/> Inclusion of current information | <input type="checkbox"/> Comprehensiveness of information included |
| <input type="checkbox"/> Source of information | <input type="checkbox"/> Clarity of information presented |
| <input type="checkbox"/> Date of publication or latest update | <input type="checkbox"/> Appropriateness for diverse audiences |
| <input type="checkbox"/> Author/sponsor of publication | <input type="checkbox"/> Other (Please specify: _____) |
12. Which types of resources are you most likely to need or use? (Please select all that apply.)
- | | |
|---|--|
| <input type="checkbox"/> Resources my clients/patients/families can use themselves (Please specify: _____) | <input type="checkbox"/> Materials I can use in training/workforce development efforts |
| <input type="checkbox"/> Psychoeducational materials I can use with clients | <input type="checkbox"/> Materials to support clinical supervision and consultation |
| <input type="checkbox"/> Talking points I can use when sharing information with other professionals (e.g., at conferences, during presentations) | <input type="checkbox"/> Materials I can use for program development (e.g., sample policies and procedures, administrative guidelines, community partnership-building) |
| <input type="checkbox"/> Guidance on useful resources (e.g., a guide that lists relevant resources, describes the purpose and utility of each, and gives links) | <input type="checkbox"/> Materials in languages other than English (Please specify languages: _____) |
| <input type="checkbox"/> Guidelines that inform me of best practices for screening, assessment, and treatment | |
13. In which formats would you prefer to receive new information and resources related to your field? (please select all that apply)
- | | |
|---|---|
| <input type="checkbox"/> Printed materials | <input type="checkbox"/> Videos |
| <input type="checkbox"/> Online resources (e.g., web pages, E-Learning modules, downloadable PDF files) | <input type="checkbox"/> Webinars or e-learning courses |
| <input type="checkbox"/> Mobile resources (e.g., apps, eBooks) | <input type="checkbox"/> In-person conferences or trainings |
| <input type="checkbox"/> Podcasts or other audio materials | <input type="checkbox"/> Other (Please specify: _____) |

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!