

OMB No.: xxxx-xxxx
Expiration Date: xx/xx/xxxx

Participant ID (*facilitator pre-populates*): _____

Evaluation of NHE Demonstration Grants to Address the Opioid Crisis
Respondent Information Form

1. What agency or organization do you work for?

2. What is your affiliation or current position title?

3. How long have you been employed at your current organization?

|_|_| YEARS AND |_|_| MONTHS

4. How long have you been employed in your current position?

|_|_| YEARS AND |_|_| MONTHS

5. What is your title/role in the NHE Opioid grant project?

6. How many years of experience do you have in the type of work you are doing on the NHE project?

|_|_| YEARS |_|_| MONTHS

7. Please describe your experience working with individuals with opioid use disorder, including positions or roles you have held and any training or certifications you have received:

8. During a typical month, about what percentage of your time is spent on NHE Opioid grant activities/services?

|_|_|_| percent of the time

9. What is the highest level of education you have completed?

Mark one only

- 1 High school diploma or equivalent
- 2 Some college
- 3 Associate's degree or vocational degree
- 4 Bachelor's degree
- 5 Master's degree or higher