

# Division of Overdose Prevention

## **Att. 4 Universal Technical Assistance Feedback Form**

Form Approved  
OMB No. 0920-1355  
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Public reporting burden of this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; Attn: OMB-PRA (0920-1355)

## Introduction

Team Tanaq, under contract with the Centers for Disease Control (CDC), manages and evaluates the Division of Overdose Prevention Technical Assistance Center (DOP TAC). This survey is to gather your feedback regarding the perceived quality and effectiveness of the TA offered through the CDC DOP TA Center. Our goal is to provide the best assistance to support your work, and this feedback will help us improve the TA. The survey is designed to take about 5 minutes to complete.

## Informed Consent

- Your participation is voluntary. You may refuse to answer any questions or stop the survey at any time.
- Team Tanaq will have access to your contact information when you complete this survey. However, Team Tanaq will aggregate and de-identify responses when reporting to the CDC, ensuring your name will not be linked with your individual responses in any reports. Team Tanaq will securely maintain your responses.
- There are no right or wrong answers or ideas—we want to hear your experiences and opinions.
- There are no risks to you or your organization for participating in this survey. The information will be used to improve the training and TA provided to DOP recipients.
- If you have questions about the survey or Institutional Review Board (IRB) approval, contact Robin Davis at robin.davis@icf.com.

**\* I confirm that I have read the information above and agree to participate in the survey.**

Agree, continue to the survey

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Please indicate the DOP TAC state-recipient organization you are affiliated with

Please indicate the DOP TAC local-recipient organization you are affiliated with

\* Which of the following best describes your role on the DOP TAC team?

\* The information provided is relevant to my work:

Strongly disagree	Disagree	Neither	Agree	Strongly agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\* The format of the session provided the opportunity for participant engagement and interaction:

Strongly disagree	Disagree	Neither	Agree	Strongly agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What did you like most about the session?

What aspects of the session could be improved?

How do you plan to apply the information from the session to your work?

What additional technical assistance needs do you or your organization have?

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Done