

CSAT BASELINE TRAINING SATISFACTION SURVEY

You will be asked to enter a personal ID code prior to completing the survey. In order to do this, you will generate a unique ID code for yourself which will later be used to anonymously tie your answers to the initial survey to a follow-up survey which we will email you in 30 days.

The 4 digit ID code will be generated as follows:

First Letter in Mother's First Name
First Letter in Mother's Maiden Name
First Digit of Social Security Number
Last Digit of Social Security Number

For example, someone who's SSN is **456-85-8732** and who's mother's name is **Jane Smith** would have an ID code of **JS42**.

CENTER FOR SUBSTANCE ABUSE TREATMENT

Public reporting burden for this collection of information is estimated to average 10 minutes per response to complete the Contact Information Form and this questionnaire. Send comments regarding this burden estimate or any other aspect of this collection of information to the SAMHSA Reports Clearance Officer, Room 7-1045, 1 Choke Cherry Road, Rockville, MD 20850. 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 control number for this project is 0930-0197.

Customer Survey—Training

Please enter the Personal ID code you used on the consent form here _____.

Date of training, location (i.e., city, state), and topic will be pre-coded and entered in this area of the form.

Please check here () if you have received this survey in error, (i.e., you did not attend the training listed above) and return the uncompleted survey in the enclosed postage-paid envelope.

PLEASE BASE YOUR ANSWER ON HOW YOU FEEL ABOUT THE SESSION NOW.

	<u>Very Satisfied</u>	<u>Satisfied</u>	<u>Neutral</u>	<u>Dissatisfied</u>	<u>Very Dissatisfied</u>
1. How satisfied are you with the overall quality of this training?	1	2	3	4	5
2. How satisfied are you with the quality of the instruction?	1	2	3	4	5
3. How satisfied are you with the quality of the training materials?	1	2	3	4	5
4. Overall, how satisfied are you with your training experience?	1	2	3	4	5

PLEASE INDICATE YOUR AGREEMENT WITH THESE STATEMENTS ABOUT THE TRAINING.

	<u>Strongly Agree</u>	<u>Agree</u>	<u>Neutral</u>	<u>Disagree</u>	<u>Strongly Disagree</u>
5. The training class was well organized.	1	2	3	4	5
6. The material presented in this class will be useful to me in dealing with substance abuse.	1	2	3	4	5
7. The instructor was knowledgeable about the subject matter.	1	2	3	4	5
8. The instructor was well prepared for the course.	1	2	3	4	5
9. The instructor was receptive to participant comments and questions.	1	2	3	4	5
10. I am currently effective when working in this topic area.	1	2	3	4	5
11. The training enhanced my skills in this topic area.	1	2	3	4	5
12. The training was relevant to my career.	1	2	3	4	5
13. I expect to use the information gained from this training.	1	2	3	4	5
14. I expect this training to benefit my clients.	1	2	3	4	5
15. This training was relevant to substance abuse treatment.	1	2	3	4	5

Circle one response that best describes how frequently you implement each of these substance abuse interventions in your current clinical practice.

	Never	Rarely (< 20% of the time)	Sometimes (20-49% of the time)	Often (50-79% of the time)	Frequently (80% or more)	How many clients did you do this activity with in the past 30 days?
23. Inquiring about quantity and frequency of illicit/prescription drug and alcohol use	1	2	3	4	5	
24. Using a validated screening instrument	1	2	3	4	5	
25. Assessing readiness to change	1	2	3	4	5	
26. Discussing patient's behavior	1	2	3	4	5	
27. Advising patients to change behavior	1	2	3	4	5	
28. Referring patients to treatment	1	2	3	4	5	
29. Documenting an assessment of patients alcohol or illicit/prescription drug use	1	2	3	4	5	
30. Documenting intervention	1	2	3	4	5	
31. Documenting referrals	1	2	3	4	5	

Please circle to what extent these potential barriers get in your way of providing SBIRT for your current patients/clients.

	Not a barrier	Rarely a barrier	Sometimes a barrier	Often is a barrier	Frequently is a barrier
32. Knowing how to implement SBIRT.	1	2	3	4	5
33. Having clients/patients who need SBIRT. Explain. _____	1	2	3	4	5
34. Having access to screening forms for substance abuse.	1	2	3	4	5
35. Having supervision on how to screen.	1	2	3	4	5
36. Having supervision on Motivational Interviewing.	1	2	3	4	5
37. Having referrals for more intensive treatment.	1	2	3	4	5
38. Substance abuse is not a priority in the system where I work.	1	2	3	4	5