Addiction Technology Transfer Center (ATTC) Network
Post-Event Form for Meeting

Participants – Please Write Your Unique Personal Code Here as Follows:

<table>
<thead>
<tr>
<th>First Letter of Mother's First Name</th>
<th>First Letter of Mother's Maiden Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Digit of Social Security Number</td>
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Office Use Only - ATTC Event Code:

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

<table>
<thead>
<tr>
<th>1. How satisfied are you with the overall quality of this meeting?</th>
<th>Very Satisfied</th>
<th>Satisfied</th>
<th>Neutral</th>
<th>Dissatisfied</th>
<th>Very Dissatisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. How satisfied are you with the quality of the information/instruction from this meeting?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. How satisfied are you with the quality of the meeting materials?</td>
<td></td>
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</tr>
<tr>
<td>4. Overall, how satisfied are you with your meeting experience?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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PLEASE INDICATE YOUR AGREEMENT WITH THESE STATEMENTS ABOUT THE MEETING.

<table>
<thead>
<tr>
<th>5. The meeting was well organized.</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. The material presented in this meeting will be useful to me in dealing with substance abuse.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. I expect to use the information gained from this meeting.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. I expect this meeting to benefit my clients.</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. This meeting was relevant to substance abuse treatment</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>10. I would recommend this meeting to a colleague.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</table>

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<tr>
<th>11. How useful was the information you received?</th>
<th>Very Useful</th>
<th>Useful</th>
<th>Neutral</th>
<th>Useless</th>
<th>Not Applicable</th>
</tr>
</thead>
</table>

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Please Continue to Next Page
12. Your gender:  □ Female  □ Male  □ Transgender
13. Are you Hispanic or Latino/a?  □ Yes  □ No
14. What is your race? (select one or more):
   □ Alaska Native  □ American Indian  □ Asian  □ Black or African American
   □ Native Hawaiian  □ Other Pacific Islander  □ White  □ Other (please specify) _______________
15. What is the highest degree you have received (select one)?
   □ Some high school, but no diploma or equivalent
   □ High school diploma or equivalent
   □ Some college but no degree
   □ Associate’s degree
   □ Bachelor’s degree
   □ Master’s degree
   □ Doctoral degree or equivalent
   □ Other (please specify): _______________
16. What is your primary profession (select one)?
   □ Counselor  □ Community health worker  □ Registered nurse
   □ Addictions professional  □ Health educator  □ Licensed practical nurse
   □ Social worker  □ Educator (post-secondary or continuing)
   □ Recovery specialist  □ Advanced practice nurse
   □ Mental health professional  □ Public or Business  □ Pharmacist
   □ Criminal justice/law enforcement professional  □ Administrator  □ Dentist
   □ Disease intervention specialist/investigator  □ Researcher  □ Other dental professional
   □ Other (please specify) _______________
17. If you are a student, what is your primary field of study (select one)?
   □ Not a student  □ Counseling
   □ Psychology  □ Social Work
   □ Medicine  □ Nursing
   □ Pharmacology  □ Dentistry
   □ Basic, translational or applied science  □ Criminal justice/law enforcement
   □ Addiction  □ Education
   □ Public health  □ Public or business administration
   □ Other (please specify)
18. In which discipline(s) are you currently licensed or certified (select one or more)?

- □ Not licensed or certified
- □ Addictions prevention, treatment or recovery
- □ Counseling
- □ Psychology
- □ Social Work
- □ Medicine
- □ Nursing
- □ Pharmacology
- □ Dentistry
- □ Other (please specify)________________

19. Which best describes your role at your current workplace (select one)?

- □ Clinician / care provider/direct service provider
- □ Counselor
- □ Trainer / TA Provider
- □ Clinical Supervisor
- □ Mental health therapist
- □ Group Facilitator
- □ Recovery Specialist
- □ Parole/Probation/Re-Entry Support
- □ Not currently employed
- □ Manager / coordinator/administrator
- □ Outreach staff
- □ Other (please specify)________________
- □ Client / patient educator
- □ Disease intervention/investigation
- □ Case manager
- □ Resident / fellow
- □ Prevention case manager
- □ Teacher / faculty

20. Which best describes your principal employment setting (select one)?

- □ Community or Faith-based service organization (CBO/FBO)
- □ School/university-based health clinic
- □ Government (federal, state or municipal)
- □ Correctional facility
- □ State/local health department
- □ Probation/parole office
- □ School/university (academic department)
- □ Local law enforcement department
- □ Hospital/Hospital-affiliated clinic
- □ Military/VA
- □ HMO/managed care organization
- □ Tribal/Indian Health Service
- □ Solo/group private practice
- □ Community health center
- □ Addictions treatment program (inpatient)
- □ Not currently employed
- □ Addictions treatment program (outpatient)
- □ Other: (please specify)_______________
- □ Addictions treatment program (residential)
- □ Recovery support program

21. What is the zip code of your principal employment setting? □□□□□

Please Continue to Next Page
22. What about the meeting was most useful in supporting your work responsibilities?

23. How can the ATTC Network improve its meetings?

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Thank you for completing our survey.

Return your survey to the Survey Administrator for your Session.

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for completing this questionnaire. Send comments regarding this burden estimate or any other aspect of this collection of information to SAMHSA Reports Clearance Officer, Room 7-1044, 1 Choke Cherry Road, Rockville, MD 20857. 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 0930-0216.