Addiction Technology Transfer Center (ATTC) Network

Post-Event Form for Technical Assistance

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>
<td>Last Digit of Social Security Number:</td>
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</tbody>
</table>

| Office Use Only - ATTC Event Code: |

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

<table>
<thead>
<tr>
<th></th>
<th>Very Satisfied</th>
<th>Satisfied</th>
<th>Neutral</th>
<th>Dissatisfied</th>
<th>Very Dissatisfied</th>
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<tbody>
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PLEASE INDICATE YOUR AGREEMENT WITH THESE STATEMENTS ABOUT THE SESSION.

<table>
<thead>
<tr>
<th></th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Question</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>12. The technical assistance was relevant to my career.</td>
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<td>13. I expect to use the information gained from this technical assistance.</td>
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<td>14. I expect this technical assistance to benefit my clients.</td>
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<td>15. This technical assistance was relevant to substance abuse treatment</td>
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<td>16. I would recommend this technical assistance to a colleague.</td>
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<table>
<thead>
<tr>
<th>Question</th>
<th>Very Useful</th>
<th>Useful</th>
<th>Neutral</th>
<th>Useless</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>17. How useful was the information you received from the instructor?</td>
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</table>

18. Your gender:  □ Female  □ Male  □ Transgender

19. Are you Hispanic or Latino/a?  □ Yes  □ No

20. 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) _______________

21. 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): _______________

Please Continue to Next Page
22. What is your **primary** profession (*select one*)?

- [ ] Counselor
- [ ] Addictions professional
- [ ] Social worker
- [ ] Recovery specialist
- [ ] Mental health professional
- [ ] Criminal justice/law enforcement professional
- [ ] Disease intervention specialist/investigator

- [ ] Community health worker
- [ ] Health educator
- [ ] Educator (post-secondary or continuing)
- [ ] Public or Business Administrator
- [ ] Researcher
- [ ] Physician
- [ ] Physician assistant

- [ ] Registered nurse
- [ ] Licensed practical nurse
- [ ] Advanced practice nurse
- [ ] Pharmacist
- [ ] Dentist
- [ ] Other dental professional
- [ ] Other (*please specify*)

23. If you are a student, what is your **primary** field of study (*select one*)?

- [ ] Not a student
- [ ] Counseling
- [ ] Psychology
- [ ] Medicine
- [ ] Pharmacology
- [ ] Basic, translational or applied science
- [ ] Addiction
- [ ] Public health
- [ ] Other (*please specify*)

- [ ] Social Work
- [ ] Nursing
- [ ] Dentistry
- [ ] Criminal justice/law enforcement
- [ ] Education
- [ ] Public or business administration

24. 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
- [ ] Dentistry
- [ ] Pharmacology
- [ ] Other (*please specify*)

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

- [ ] Clinician / care provider/direct service provider
- [ ] Clinical Supervisor
- [ ] Recovery Specialist
- [ ] Manager / coordinator/administrator
- [ ] Client / patient educator
- [ ] Case manager
- [ ] Prevention case manager

- [ ] Counselor
- [ ] Mental health therapist
- [ ] Parole/Probation/Re-Entry Support
- [ ] Outreach staff
- [ ] Disease
- [ ] Resident / fellow

- [ ] Trainer / TA Provider
- [ ] Group Facilitator
- [ ] Not currently employed
- [ ] Other (*please specify*)

Please Continue to Next Page
26. Which best describes your principal employment setting (select one)?

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

27. What is the zip code of your principal employment setting? ☐ ☐ ☐ ☐ ☐

28. What about the technical assistance was most useful in supporting your work responsibilities?

29. How can the ATTC Network improve its technical assistance?

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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.