Form Approved
OMB NO. 0930-0216
Exp. Date 01/31/2014
See burden statement on last page

Addiction Technology Transfer Center (ATTC) Network

Post-Event Form for Meeting

Participants – Please Write Your Unique Personal Code Here as Follows:			
First Letter of Mother's First Name:		**First Letter of Mother's Maiden Name:**	
First Digit of Social Security Number:		**Last Digit of Social Security Number:**	
Office Use Only - ATTC Event Code:			

PLEASE BASE YOUR ANSWER ON HOW YOU FEEL ABOUT THE SESSION NOW.	Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied
1. How satisfied are you with the overall quality of this meeting?	☐	☐	☐	☐	☐
2. How satisfied are you with the quality of the information/instruction from this meeting?	☐	☐	☐	☐	☐
3. How satisfied are you with the quality of the meeting materials?	☐	☐	☐	☐	☐
4. Overall, how satisfied are you with your meeting experience?	☐	☐	☐	☐	☐

PLEASE INDICATE YOUR AGREEMENT WITH THESE STATEMENTS ABOUT THE MEETING.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
5. The meeting was well organized.	☐	☐	☐	☐	☐
6. The material presented in this meeting will be useful to me in dealing with substance abuse.	☐	☐	☐	☐	☐
7. I expect to use the information gained from this meeting.	☐	☐	☐	☐	☐
8. I expect this meeting to benefit my clients.	☐	☐	☐	☐	☐
9. This meeting was relevant to substance abuse treatment	☐	☐	☐	☐	☐
10. I would recommend this meeting to a colleague.	☐	☐	☐	☐	☐

	Very Useful	Useful	Neutral	Useless	Not Applicable
11. How useful was the information you received?	☐	☐	☐	☐	☐

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
☐ 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*)_____

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

☐ Not a student
☐ Psychology
☐ Medicine
☐ Pharmacology
☐ Basic, translational or applied science
☐ Addiction
☐ Public health
☐ Other (please specify)
☐ Counseling
☐ Social Work
☐ Nursing
☐ Dentistry
☐ Criminal justice/law enforcement
☐ Education
☐ Public or business administration

Please Continue to Next Page

18. In which discipline(s) are you currently licensed or certified (*select one or more*)?

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

19**.** 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 intervention/investigation
- ☐ Resident / fellow
- ☐ Teacher / faculty
- ☐ Trainer / TA Provider
- ☐ Group Facilitator
- ☐ Not currently employed
- ☐ Other (*please specify)*_____

20**.** 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)* _____

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?

Participants – Please Write Your Unique Personal Code Here as Follows:	
First Letter of Mother's First Name:	
First Letter of Mother's Maiden Name:	
First Digit of Social Security Number:	
Last Digit of Social Security Number:	

Thank you for completing our survey.

Return your survey to the Survey Administrator for your Session.