

## **CSAT Products and Materials Survey**

**CENTER FOR SUBSTANCE ABUSE TREATMENT**

Public reporting burden for this collection of information is estimated to average 10 minutes per response to complete 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—Information Materials Subscriber**

1. Have you read one or more issues of ***NAME OF CSAT PRODUCT?***

- Yes  No **If NO, Skip to Question 9.**

2. Planned of ***NAME OF CSAT PRODUCT:*** Satisfaction with Use

3a. Please indicate whether you plan to use <b><i>NAME OF CSAT PRODUCT</i></b> in the following ways:		3b. If “Y”, please indicate your satisfaction with this use. If “N”, please skip to the next item in Question 3a.					
<i>Please mark “Y” for “Yes” or “N” for “No.”</i>		Very Satisfied	Somewhat Satisfied	Neither Satisfied nor Dissatisfied	Somewhat Dissatisfied	Very Dissatisfied	Don’t Know
To keep informed of substance abuse treatment issues	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Circulate or route it to others	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clip articles for informational purposes	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Place it in a prominent location for staff	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use as a handout for customers/clients	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reproduce article(s) in a publication	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reference <b><i>NAME OF CSAT PRODUCT</i></b> in a publication	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify) _____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Content: Satisfaction and Recommendations**

4a. How satisfied are you with <i>NAME OF CSAT PRODUCT</i> content?	Very Satisfied	Somewhat Satisfied	Neither Satisfied nor Dissatisfied	Somewhat Dissatisfied	Very Dissatisfied	Don't Know
Is it credible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educates professionals working outside the substance abuse treatment field about addictive disorders?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educates professionals working outside the substance abuse treatment field on the social and cost benefits of treatment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provides new information on substance abuse treatment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provides timely information on substance abuse treatment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provides substance abuse treatment information relevant to your profession?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provides references to substance abuse treatment information?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Covers only one general topic area in each issue/document?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other content characteristic(s) (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4b. How would you characterize your overall satisfaction with the content of <i>NAME OF CSAT PRODUCT</i> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. What changes(s) can CSAT make to *NAME OF CSAT PRODUCT* content to improve or enhance its use?

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6. Thinking of your professional interests and the interests of others in your organization, which of the following topics, as they relate to substance abuse treatment, would be of interest to you in the future? (Mark all that apply)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Adult needs                  | <input type="checkbox"/> Health and wellness                         |  |
| <input type="checkbox"/> Aging and senior citizens    | <input type="checkbox"/> Healthcare reform                           |  |
| <input type="checkbox"/> Alcohol abuse and alcoholism | <input type="checkbox"/> HIV/AIDS, TB, and other infectious diseases | <input type="checkbox"/> Reasons for using and abusing |
| <input type="checkbox"/> Domestic violence            | <input type="checkbox"/> Highway safety                              | <input type="checkbox"/> Rural health                  |
| <input type="checkbox"/> Race and ethnicity           | <input type="checkbox"/> Women's health                              |  |

- Support groups
  - Treatment referrals
  - Don't know
  - Other(specify)\_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Format: Satisfaction and Recommendations**

<b>7a. How satisfied are you that <i>NAME OF CSAT PRODUCT?</i></b>	Very Satisfied	Somewhat Satisfied	Neither Satisfied nor Dissatisfied	Somewhat Dissatisfied	Very Dissatisfied	Don't Know
Uses language appropriate to professionals in your field?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses language that is easily understood by customers/clients?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contains culturally relevant language to your organization?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is easy to read?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is aesthetically pleasing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has an appealing color scheme?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is an appropriate length?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Includes articles of an appropriate length?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses a two-column layout for the articles?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is easily recognizable when you receive it in the mail?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other format characteristic(s) (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7b. How would you characterize your overall satisfaction with the format of <i>NAME OF CSAT PRODUCT?</i></b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**8. What change(s) can CSAT make to the following format elements of *NAME OF CSAT PRODUCT* to improve or enhance its use?**

**Language:** \_\_\_\_\_  
 \_\_\_\_\_

**Readability:** \_\_\_\_\_  
 \_\_\_\_\_

**Layout:** \_\_\_\_\_  
 \_\_\_\_\_

**Length:** \_\_\_\_\_  
 \_\_\_\_\_

**Recognition:** \_\_\_\_\_  
 \_\_\_\_\_

**Other:** \_\_\_\_\_  
 \_\_\_\_\_

**Dissemination of *NAME OF CSAT PRODUCT***

9. Who in your organization should receive products such as *NAME OF CSAT PRODUCT* ? (Mark all that apply)

- Director or other administrator
- Counselor or social worker
- Office manager
- Administrative assistant or receptionist
- Don't know
- Other (specify)\_\_\_\_\_

10. What is the *best* way to send *NAME OF CSAT PRODUCT* to get it recognized and used by your organization?

*(Please check only one)*

- Send in the mail
- Send as an e-mail attachment
- Send as text in an e-mail
- Send e-mail notification of Internet postings
- Send as a fax
- Other (specify) \_\_\_\_\_

11. Please rank in descending order with "1" being the highest and "3" being the lowest, up to three organizational types that best describe your organization. *(Please rank a maximum of three)*

- |                           |  |   |
|---------------------------|--|---|
| ___ Court/judicial branch | ___ Local government agency              | ___ Community organization (non-governmental) |
| ___ Law enforcement       | ___ State government agency              | ___ Substance abuse treatment                 |
| ___ Legislative branch    | ___ Federal government agency            | ___ Family focus                              |
| ___ Military              | ___ College or university                | ___ Non-profit                                |
| ___ Advocacy group        | ___ Professional or academic association | ___ Other                                     |
| ___ Health (specify)_____ | ___ Children and/or teens focus          | (specify)_____                                |

**Thank you for completing our survey.**

*Please return your survey in the enclosed envelope.*