CSAT Baseline Training Satisfaction Survey
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.

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.

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
16. I would recommend this training to a colleague.  

17. How useful was the information you received from the instructor? 

<table>
<thead>
<tr>
<th></th>
<th>Very Useful</th>
<th>Useful</th>
<th>Neutral</th>
<th>Useless</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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</tbody>
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18. Please indicate which title best describes your job: 

___Medical Director  ___Clinical Administrator/Manager  ___Federal Government Official  
___Physician  ___Clinical Supervisor  ___State Government Official  
___Nurse  ___Psychologist  ___County Government Official  
___Physician's Assistant  ___Counselor  ___Researcher  
___Pharmacist  ___Social Worker  ___Other (please specify)____________  
___Other (please describe)  ___Manager/Director

19. Please indicate which best describes your agency or affiliation: 

___Federal Government  ___Substance Abuse Treatment Program  
___State Government  ___University or other higher education institution  
___County Government  ___Other (please describe)_________________________  
___Local Government

20. What is your gender?  1.____Male  2.____Female

21. Are you Hispanic or Latino?  1.____Yes  2.____No

22. What is your race (Mark all that apply)?  

___Black or African American  ___Alaska Native  
___Asian  ___American Indian  
___White  ___Native Hawaiian or Other Pacific Islander

What about the training was most useful in supporting your work responsibilities?

How can CSAT improve its training?

Thank you for completing our survey.  

Return your survey to the Survey Administrator for your Session.