

Patient Feedback: A Performance Improvement Study in Outpatient Settings

STUDYID=

Protocol Number NIDA-CTN-0016	Node ID _____	Site ID _____	Clinician ID _____
Visit Date ____/____/____	Visit Week _____		

USUBJID

QSDTC

VISITNUM

Clinic Characterization Survey

Study _____

USUBJID
ID _____
Date ____/____/____

QSCAT= Clinic Characterization Survey

QSDTC

The director or administrator in charge of the outpatient service should complete this survey. For each question please select the most appropriate response. Thank you.

QSSCAT= Structure and Service Setting (Corporation)

1. What type of corporation is the owner or legal entity responsible for the operation of your substance abuse program?

QSTEST/
QSTESTCD

	Type of corporation	Yes	No
A.	Private not-for-profit organization	1	0
B.	Private for-profit organization	1	0
C.	Unit of state government	1	0
D.	Unit of local county or community government	1	0
E.	Unit of tribal government	1	0
F.	Federal Department of Veterans Affairs	1	0
G.	Other federal agency	1	0
H.	Other public corporation	1	0

QSORRES

2. Year Treatment Unit began. _____

3. Number of substance abuse service sites (separate locations) included in your organization? _____

4. Please answer either Yes or No for each agency or organization that provides licensure, certification or accreditation for your outpatient substance abuse treatment facility.

	Yes	No
A. state or county agency or office	1	0
B. CARF Commission on Accreditation of Rehabilitation Facilities	1	0
C. COA Council on Accreditation of Services for Families and Children	1	0
D. JCAHO Joint Commission on the Accreditation of Health Care Orgs.	1	0
E. NCQA National Committee for Quality Assurance	1	0

5. Typical length of stay (in days) in this outpatient program for individuals who complete treatment program ... _____ Days

QSORRESU="DAYS"

6. ACTUAL length of stay (in days) in this outpatient program for all individuals admitted into the outpatient program ... _____ Days

QSORRESU="DAYS"

Clinic Characterization Survey**QSSCAT="TREATMENT INFLUENCE"**

7. Describe the extent to which each different treatment approaches influence the delivery of services in this outpatient program. Circle a number on each line to indicate the degree to which the treatment program is consistent with these general approaches to care.

QSORRES

QSTEST/
QSTESTCD

	Model	Not at all	A little	Somewhat	Quite a bit	Completely
A	Medical model – Addiction is an illness and best treated in medical settings.	0	1	2	3	4
B	Social model – Recovery is an experiential process and best learned from others in recovery.	0	1	2	3	4
C	Therapeutic community – Recovery occurs in a structured drug-free setting supported with confrontation and reward.	0	1	2	3	4
D	12-step principles – The Big Book is a primary guide for recovery.	0	1	2	3	4
E	Biopsychosocial model – Addiction is a biological, psychological and social illness; treatments must address each aspect.	0	1	2	3	4
F	Spirituality – Recovery requires the development of an inner peace.	0	1	2	3	4

Study _____

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Clinic Characterization Survey

QSSCAT="TEST USE"

QSTEST/
QSTESTCD

8.	Use of urine and breath tests in this treatment unit.	QSORRESU="TESTS/MONTH"	
		Yes	No
A	Typical number of urine tests per month per patient	tests/mo	
B	Do you routinely use breath testing to assess alcohol intoxication?	1	0
C	Which drug metabolites do you routinely assess in urine tests?		
	C1. Amphetamines	1	0
	C2. Cocaine	1	0
	C3. Marijuana	1	0
	C4. Opiates	1	0
	C5. Psychedelics	1	0
	C6. Benzodiazapines	1	0
	C7. Other	1	0

QSORRES

Clinic Characterization Survey**QSSCAT="TYPES OF CARE"**

9. What major types of care for alcohol and drug dependence or abuse are provided by your organization at THIS LOCATION? Indicate "yes" or "no" for each item.

Service	Yes	No
Inpatient and Residential Services		
A Inpatient or residential detoxification	1	0
B Residential care (less than 30 days)	1	0
C Residential care (more than 30 days)	1	0
D Halfway house / recovery home	1	0
E Therapeutic community	1	0
F Sober living facility / alcohol & drug free housing	1	0
Ambulatory Services		
G Outpatient detoxification	1	0
H Outpatient methadone maintenance	1	0
I Outpatient LAAM maintenance	1	0
J Outpatient (drug free)	1	0
K Intensive outpatient	1	0
L Day treatment / Partial Hospitalization	1	0
Other Comprehensive Services Provided on Site		
M Outreach / Case finding	1	0
N Aftercare/Continuing Care	1	0
O Case Management	1	0
P Vocational Services	1	0
Q Primary Medical Care	1	0
R TB testing	1	0
S HCV testing	1	0
T HIV risk screening	1	0
U HIV testing	1	0
V Screening for other infectious diseases	1	0
W Mental health counseling services	1	0
X Mental health medication services	1	0
Y 12-step support meetings	1	0
Z Child care	1	0
Aa Parenting training	1	0
Bb Routine urine screens	1	0
Cc Services for victims of trauma	1	0
Dd Couples or family counseling	1	0

QSTEST/
QSTESTCD

QSORRES

Clinic Characterization Survey**QSSCAT= PRACTICE GUIDELINES**

10. Standardized tools such as written **practice guidelines** and **treatment protocols** can be used by substance abuse treatment programs to assist in or guide treatment planning.

Does your treatment unit use any of the following guidelines for treatment planning and service delivery?

	Yes	No
A. American Psychiatric Association Practice Guidelines	1	0
B. NIAAA Project Match Therapy Manuals		
1. Twelve Step Facilitation Therapy Manual	1	0
2. Motivational Enhancement Therapy Manual	1	0
3. Cognitive-Behavioral Coping Skills Therapy Manual	1	0
C. NIDA Therapy Manuals		
1. A Cognitive Behavioral Approach: Treating Cocaine Addiction	1	0
2. A Community Reinforcement Approach: Treating Cocaine Addiction	1	0
3. An Individual Counseling Approach to Treat Cocaine Addiction: The Collaborative Cocaine Treatment Study Model	1	0
4. Approaches to Drug Abuse Counseling	1	0
5. Recovery Training and Self-Help: Relapse Prevention and Aftercare for Drug Addicts	1	0
D. CSAT TIPS		
Which one(s)? (SPECIFY):	1	0
(1) _____	1	0
(2) _____	1	0
E. Any Other(s)? (SPECIFY):		
(1) _____	1	0
(2) _____	1	0

QSTEST/
QSTESTCD

QSORRES

QNAM=CCS010D1
QNAM=CCS010D2
QLABEL=SPECIFY
CSAT TIPS
IDVAR=QSSEQ

QNAM=CCS010E1
QNAM=CCS010E2
QLABEL=SPECIFY
ANY OTHER
GUIDELINES
IDVAR=QSSEQ

Clinic Characterization Survey

QSSCAT="TREATMENT POPULATION"

11. Please provide summary information on your treatment population. Answer or estimate each item based on annual admissions data

	Annual Admission numbers or Percent of admissions with specific characteristic	Count or Percent	Don't know
Annual Counts			
A	admissions (including readmits)		X
B	unique individuals		X
Women			
C	Percent admissions who are women (annual)	%	X
D	Number of pregnant women per year		X
Minorities			
E	Percent admissions who are African-American	%	X
F	Percent admissions who are Hispanic	%	X
G	Percent admissions who are Asian/Pacific Islander	%	X
H	Percent admissions who are American Indian	%	X
Other Patient Attributes			
I	Percent admissions who are homeless	%	X
J	Percent admissions who are Veterans	%	X
K	Percent admissions who are Uninsured	%	X
L	Percent admissions with full-time employment	%	X
M	Percent admissions in Welfare to Work programs	%	X
Drug Use			
N	Percent admissions using opioids past month	%	X
O	Percent admissions using cocaine/crack past month	%	X
P	Percent admissions using marijuana past month	%	X
Q	Percent admissions using methamphetamine past month	%	X
R	Percent admissions using ecstasy (or other designer drug) past month	%	X
S	Percent admissions using alcohol past month	%	X
T	Percent admissions using tobacco past month	%	X
U	Percent admissions using both alcohol and illicit drugs past month	%	X
V	Percent admissions injecting drugs in past month	%	X
Mental Illness			
W	Percent admissions with severe and persistent mental illness	%	X
X	Percent admissions with other psychiatric diagnosis	%	X
Criminal Justice			
Y	Percent admissions on probation	%	X
Z	Percent admissions on parole	%	X
Aa	Percent admissions from drug court	%	X

QSORRESU="%"

Study _____

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Date ____/____/____

Clinic Characterization Survey

QSSCAT= 12. Staff Turnover

During the past 12 months approximately how many staff left your employment? **QSEVLINT=-P12M**

**QSTEST/
QSTESTCD**

A	Counselors / Social Workers / Psychologists or Marriage and Family therapist	_____
B	Counselor assistants and clinical aides	_____
C	Nurses / Physician Assistants / Nurse Practitioners	_____
D	Physicians	_____
E	Administrative and Support	_____

**QSORRES
QSORRESU=
ANNUAL**

13. What is your typical caseload for outpatient counseling staff? _____ patients/counselor
QSORRESU=PATIENTS/COUNSELOR

14. What is the productivity expectation for counseling staff working in this outpatient program? _____ direct service hours per week
_____ N = not applicable
QSORRESU=HOURS/WEEK

15. Does your center provide you with a computer? ___ 1 = Yes 0 = No

IF NO, PLEASE SKIP TO THE NEXT QUESTION.

If Yes:

With 1 representing no extent and 5 representing a very great extent...

... to what extent do you use the Internet to learn about new treatment techniques?	1 2 3 4 5
... to what extent do you use the National Institute on Drug Abuse (NIDA) website?	1 2 3 4 5

QSSCAT= 16. Program Checklist

The Program Checklist differentiates treatment services. The checklist is used a variety of settings from sober living environments to medical centers. Some of the items may not apply well to your setting. So, it is okay if a question seems awkward or silly. Check the answer that seems best to you. Most of the questions ask for a yes or no response. When items ask for an estimate, provide your best guess.

1=Yes 0=No

**QSTEST/
QSTESTCD** Are services delivered primarily outside of a formal office (e.g., on the streets or in a recipient's home)?
(if "yes" skip to end; if "no" complete the items on the next page)

1 0

QSORRES

Clinic Characterization Survey

A	Environment			
A1	Is the program site part of a hospital or clinic?	1		0
A2	Is there a comfortable group area, a living room or sofas, for socializing	Patients	Staff	Joint
		1 0	1 0	1 0
A3	Does the site routinely provide free beverages to clients/patients?	1		0
A4	Does the site routinely provide free snacks to clients/patients?	1		0
B	Program Composition			
B1	Are alumnae (graduates of your program) on staff?	1		0
B2	Approximately what percent of staff are in recovery? (estimates are acceptable)	____ %		QSORRESU=%
		N=unable to estimate		
B3	According to program policy is a master's degree or higher required for most direct care positions?	1		0
B4	Are people with long-term sobriety on site at the program often, getting actively involved with the participants?	1		0
B5	Are people with long-term sobriety on site via structured self-help and alumni events?	1		0
C	Treatment Perspectives			
C1	Are more than 50 percent of the participants mandated by an external institution or agency?	1		0
C2	Does the program provide vocational or academic training for participants?	1		0
C3	Are participants allowed to remain in the program if they drink or use?	1		0
D	Community Orientation			
D1	At self-help meetings hosted at the program, are more than one-third of the attendees from the community?	1		0
D2	Does the program help participants find a sponsor if they are having trouble finding one?	1		0
D3	What proportion of participants find sponsors before leaving the program?			%
D4	Are there formal links with the community such as job search, education, family services, health and/or housing programs that participants may easily use?	1		0
D5	Are sober social events scheduled regularly (each participant can attends at least one)	1		0

QSTEST/
QSTESTCD

QSORRES

QSORRESU=%

Thank you for taking the time to complete this questionnaire on your treatment unit. Your answers will contribute to a more complete understanding of differences between the programs participating in this study.

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Protocol Number NIDA-CTN-0016	Node ID	Site ID	Clinician ID
Visit Date ____ / ____ / ____	Visit Week		

STUDYID=

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QSDTC

VISITNUM

Clinician Survey

Study _____

Date _____ / _____ / _____ ID _____

QSCAT= Clinician Survey
QSSCAT=CLINICIAN DEMOGRAPHICS

This survey asks questions about how you see yourself as a clinician and how you see your agency. It begins with a short demographic section that allows us to contrast demographic factors with your thoughts about yourselves and your agency.

If you do not feel comfortable giving an answer to a particular statement, you may skip it and move on to the next statement. Thank you.

Today's Date: ____ / ____ / _____ QSDTC

Year You Were Born: 19 ____ QSORRES

QSTEST/QSTESTCD

Study _____

ID _____
Date ____/____/____

Clinician Survey **QSSCAT=CLINICIAN EMPLOYMENT**

1. How many years have you been in your current position? ____ Years **QSORRESU=YEARS**

QSTEST/

2. Professional Licensure or Certification: Check each profession for which you have a current license.

QSTESTCD

		Yes	No
A	Not currently licensed (if "Yes" skip to next question)	1	0
B	Alcohol/Drug Counselor	1	0
C	Clergy	1	0
D	Licensed Professional Counselor	1	0
E	Nurse	1	0
F	Nurse Practitioner	1	0
G	Physician Assistant	1	0
H	Physician	1	0
I	Psychiatrist	1	0
J	Psychologist	1	0
K	Prevention Specialist	1	0
L	Rehabilitation Counselor	1	0
M	Social Worker	1	0
N	Other: (please indicate)	1	0
O	Other: (please indicate)	1	0

QSORRES

QNAM=CS002N

QNAM=CS002O

QLABEL=OTHER PROFESSION

IDVAR=QSSEQ

3. Select the Highest Degrees Held ____

- 1 = No High School Diploma/Equivalent
- 2 = High School Diploma/Equivalent
- 3 = Associate Degree
- 4 = Bachelor's Degree
- 5 = Master's Degree
- 6 = PhD/ScD Degree
- 7 = PsyD
- 8 = MD/DO Degree
- 9 = DrPH Degree
- 10 = EdD Degree
- 11 = DSW Degree
- 12 = Other Degree: _____

QSSCAT=CLINICIAN EDUCATION

QSTEST/

QSTESTCD

QSORRES

QNAM=CS003A

QLABEL=OTHER DEGREE

IDVAR=QSSEQ

Study _____

ID _____
Date ____/____/____

QSSCAT=CLINICIAN EDUCATION **Clinician Survey**

4. Estimated number of formal academic for-credit classroom contact hours in addiction coursework. ____

QSORRESU=HOURS

5. Estimated number of substance abuse related continuing education units received during the last year. ____

6. What do you perceive as your primary job? ____

QSSCAT=CLINICIAN EMPLOYMENT

**QSTEST/
QSTESTCD**

- 1 = Counselor/Therapist
- 2 = Case Manager
- 3 = Clinical Supervisor
- 4 = Program Director
- 5 = Administrator
- 6 = Training Coordinator
- 7 = Research Coordinator
- 8 = Research Investigator
- 9 = Research Assistant
- 10 = Research Associate
- 11 = Assistant Counselor
- 12 = Counseling Aide or Assistant
- 13 = Intake Administrator
- 14 = Other

QSORRES

7. Employment History as clinician.

QSORRESU=YEARS

- ____ Years of full time employment as a substance abuse professional (any role)
- ____ Number of years in the substance abuse field as counselor, therapist, clinician

8. Primary type of employment (current).

- 1 = Regular Employee
- 2 = Fee for Service/Contract
- 3 = Un-Paid Volunteer
- 4 = Other _____

QNAM=CS008A

QLABEL=OTHER EMPLOYMENT

IDVAR=QSSEQ

9. Ethnicity/Race (For each of the following, choose "Yes" to all that apply to you and "No" to those that do not.)

QSSCAT=CLINICIAN DEMOGRAPHICS

Yes No

- 1 0 White
- 1 0 Black, African American or Negro
- 1 0 American Indian or Alaska Native
- 1 0 Spanish, Hispanic or Latino (check all that apply)
 - 1 = Mexican, Mexican-American, or Chicano
 - 1 = Puerto Rican
 - 1 = Cuban
 - 1 = Other _____
- 1 0 Asian
- 1 0 Hawaiian or Pacific Islander

QNAM=CS009DA

QLABEL=OTHER ETHNICITY

IDVAR=QSSEQ

QSSCAT=COUNSEL PATIENTS

Clinician Survey

10. In a typical week, how many direct client contact hours per week do you have within this clinic? ___

- 0 = No direct client contact
1 = Less than 10 hours/week
2 = 11 - 20 hours/week
3 = 21 - 30 hours/week
4 = 31 - 40 hours/week
5 = Greater than 40 hours/week

QSTEST/

QSTESTCD

11. How many clients in group, individual and family sessions (combined) do you counsel each week within this clinic? ___

- 1 = Less than 10 per week
2 = 10 - 20 per week
3 = 21 - 30 per week
4 = 31 - 40 per week
5 = 41 and greater per week

QSORRES

12. What is your current active caseload (approximately) within this organization? ___

QSORRESU=CLIENTS/PATIENTS

___ Clients/Patients

QSSCAT=CLINICIAN EMPLOYMENT

13. How many hours per week do you regularly work in this agency? ___

QSORRESU=HOURS/WEEK

___ Hours per week

14. Does your center provide you with a computer? ___ 1 = Yes 0 = No

IF NO, PLEASE SKIP TO THE NEXT QUESTION.

If Yes:

With 1 representing no extent and 5 representing a very great extent...

... to what extent do you use the Internet to learn about new treatment techniques?	1 2 3 4 5
... to what extent do you use the National Institute on Drug Abuse (NIDA) website?	1 2 3 4 5

QSSCAT=CLINICIAN DEMOGRAPHICS

15. Your gender: ___ 1 = Male 2 = Female

16. Do you consider yourself in recovery from alcohol or drug dependence? ___ 1 = Yes 0 = No

Clinician Survey

PLEASE CHECK THE NUMBER THAT BEST REPRESENTS YOUR VIEW FOR THE QUESTION.
MARK THE ANSWER THAT COMES CLOSEST TO HOW YOU FEEL. DON'T SPEND TOO LONG ON ANY
SINGLE ITEM. YOU MAY SKIP ANY ITEM THAT YOU PREFER NOT TO ANSWER.

QSSCAT=

17. Opinions about Substance Abuse Interventions: Disagree Agree

QSTEST/

QSTESTCD

- | | 1 | 2 | 3 | 4 | 5 |
|-------------------------------------------------------------------------------------------|---|---|---|---|---|
| a. Clients who continue to use substances are not committed to their recovery. | 1 | 2 | 3 | 4 | 5 |
| b. Non-compliant patients should be discharged. | 1 | 2 | 3 | 4 | 5 |
| c. Confrontational approaches should be used more in addiction treatment. | 1 | 2 | 3 | 4 | 5 |
| d. Patients will respond better to encouragement than coercion. | 1 | 2 | 3 | 4 | 5 |
| e. Methadone maintenance should be used more to treat heroin dependence. | 1 | 2 | 3 | 4 | 5 |
| f. Naltrexone should be used more in the treatment of alcohol dependence. | 1 | 2 | 3 | 4 | 5 |
| g. Buprenorphine is an effective treatment for opiate dependence. | 1 | 2 | 3 | 4 | 5 |
| h. Psychiatric medications should be used in addiction treatment as appropriate. | 1 | 2 | 3 | 4 | 5 |
| i. We should not give patients prizes for being drug-free. | 1 | 2 | 3 | 4 | 5 |
| j. It's okay for patients to have the opportunity to earn money or prizes for abstinence. | 1 | 2 | 3 | 4 | 5 |
| k. Scientifically-supported treatments can be useful. | 1 | 2 | 3 | 4 | 5 |
| l. Treatment manuals interfere with treatment. | 1 | 2 | 3 | 4 | 5 |
| m. Treatment manuals are useful tools for learning new interventions. | 1 | 2 | 3 | 4 | 5 |
| n. Antabuse can be an effective treatment for alcohol abuse. | 1 | 2 | 3 | 4 | 5 |
| o. Buprenorphine should not be used with adolescents. | 1 | 2 | 3 | 4 | 5 |
| p. Smoking cessation should be integrated into treatments for alcohol and drug abuse. | 1 | 2 | 3 | 4 | 5 |
| q. Addiction treatment services should routinely provide mental health services | 1 | 2 | 3 | 4 | 5 |
| r. Addiction treatment programs should provide pharmacotherapy for psychiatric disorders | 1 | 2 | 3 | 4 | 5 |
| s. Substance abuse patients should be assessed for psychiatric disorders routinely | 1 | 2 | 3 | 4 | 5 |

QSORRES

QSCAT=PARTICIPANT SURVEY



0016 01 01 007
Protocol Node Site Clinician

Feedback Survey

Mary Smith

QSSPID



National Drug Abuse Treatment
Clinical Trials Network

Date: / /

Thinking about the session you just attended, please answer each question by filling in the circles like this . Please fill in only one circle for each question. Do not write your name on this form. **Your individual answers will not be reported to anyone.** Skip any items you prefer not to answer. Thanks for helping to improve our program!

Thinking about the session you just attended: **QSTEST/**
QSSCAT=SESSION ATTENDED **QSTESTCD** **QSORRES**

	Not at All	A little bit	Moderately	Quite a bit	Very much so
1. Did you feel <u>accepted and respected</u> by your clinician?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Did you feel that you and your clinician were <u>working together</u> to overcome your problems?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Did you feel that your <u>clinician understood</u> what you hoped to get out of your treatment?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Did you feel confident that through your own efforts and those of your clinician that you will <u>gain relief</u> from your problems?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Did you <u>feel comfortable raising issues or concerns</u> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Were <u>things explained</u> to you in a way you could understand?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Was the session <u>helpful</u> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Tell us about you: **QSSCAT=PARTICIPANT DEMOGRAPHICS**

8. Do you consider yourself (please select only one):

White Asian American Indian or Alaska Native

Hispanic or Latino African American/Black Native Hawaiian or Pacific Islander

9. Are You: Male Female

QSSCAT=PARTICIPANT TREATMENT

10. Concerning this admission, about how long have you been in treatment?

Less than 1 week 1 - 4 weeks 1 - 3 months More than 3 months

Alcohol or Other Drugs in the past week?

	Number of Days							
	0	1	2	3	4	5	6	7
11. How many days in the PAST WEEK did you drink <u>any alcohol</u> (beer, wine, or liquor)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. How many days in the PAST WEEK did you use <u>any drugs</u> (marijuana, cocaine, heroin, speed, other)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

QSORRESU=DAYS
QSEVLINT=-P1W



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QSDTC VISITNUM

Leader/Member Exchange (LMX7)

QSCAT=
Leader/Member Exchange (LMX7)
 QSSCAT=

QSTEST/
 QSTESTCD

- Do you know where you stand with your leader... do you usually know how satisfied your leader is with what you do? (Does your member usually know?)
 1=Rarely 2=Occasionally 3=Sometimes 4=Fairly Often 5=Very Often
- How well does your leader understand your job problems and needs? (How well do you understand?)
 1=Not a Bit 2=A Little 3=A Fair Amount 4=Quite a Bit 5=A Great Deal
- How well does your leader recognize your potential? (How well do you recognize?)
 1=Not at All 2=A Little 3=Moderately 4=Mostly 5=Fully
- Regardless of how much formal authority he/she has built into his/her position, what are the chances that your leader would use his/her power to solve problems in your work? (What are the chances that you would?)
 1=None 2=Small 3=Moderate 4=High 5=Very High
- Again, regardless of the amount of formal authority your leader has, what are the chances that he/she would "bail you out" at his/her expense? (What are the chances that you would?)
 1=None 2=Small 3=Moderate 4=High 5=Very High
- I have enough confidence in my leader that I would defend and justify his/her decision if he/she were not present to do so. (Your member would?)
 1=Strongly Disagree 2=Disagree 3=Neutral 4=Agree 5=Strongly Agree
- How would you characterize your working relationship with your leader? (Your member?)
 1=Extremely Ineffective 2=Worse Than Average 3=Average 4=Better Than Average 5=Extremely Effective

QSORRES

Notes: Continuous scale of sum of 5-point items (1 left to 5 right). Leader's form consists of same seven items asked about member of (leader in parentheses). Expected agreement between leader and member reports is positive and strong and used as index of quality of data.

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USUBJID

QSDTC

VISITNUM

Measure of End-User Computing Satisfaction

QSCAT= MEASURE OF END-USER COMPUTING SATISFACTIONQSTEST/
QSTESTCD

QSORRES

QSSCAT=INFORMATION	Almost Never	Some of the Time	About Half of the Time	Most of the Time	Almost Always
1. Does the system provide the precise information you need?	1	2	3	4	5
2. Does the information content meet your needs?	1	2	3	4	5
3. Does the system provide reports that seem to be just about exactly what you need?	1	2	3	4	5
4. Does the system provide sufficient information?	1	2	3	4	5
QSSCAT=ACCURACY ACCURACY					
5. Is the system accurate?	1	2	3	4	5
6. Are you satisfied with the accuracy of the system?	1	2	3	4	5
QSSCAT=FORMAT FORMAT					
7. Do you think the output is presented in a useful format?	1	2	3	4	5
8. Is the information clear?	1	2	3	4	5
QSSCAT=EASE OF USE EASE OF USE					
9. Is the system user friendly?	1	2	3	4	5
10. Is the system easy to use?	1	2	3	4	5
QSSCAT=TIMELINESS TIMELINESS					
11. Do you get the information you need in time?	1	2	3	4	5
12. Does the system provide up-to-date information?	1	2	3	4	5

Study _____

ID _____
Date ____/____/____

**QSCAT= Minnesota Satisfaction Questionnaire (MSQ)
Short Form**

Ask yourself: How satisfied am I with this aspect of my job?

5 = Very Satisfied, means I am very satisfied with this aspect of my job.

4 = Satisfied, means I am satisfied with this aspect of my job.

3 = Neutral, means I can't decide whether I am satisfied or not with this aspect of my job.

2 = Dissatisfied, means I am dissatisfied with this aspect of my job.

1 = Very Dissatisfied, means I am very dissatisfied with this aspect of my job.

QSSCAT=CLINICIAN SATISFACTION

QSTEST/
QSTESTCD

- | | | | | | |
|-----------------------------------------------------------------|---|---|---|---|---|
| 1. Being able to keep busy all the time. | 1 | 2 | 3 | 4 | 5 |
| 2. The chance to work alone on the job. | 1 | 2 | 3 | 4 | 5 |
| 3. The chance to do different things from time to time. | 1 | 2 | 3 | 4 | 5 |
| 4. The chance to be "somebody" in the community. | 1 | 2 | 3 | 4 | 5 |
| 5. The way my boss handles his/her workers. | 1 | 2 | 3 | 4 | 5 |
| 6. The competence of my supervisor in making decisions. | 1 | 2 | 3 | 4 | 5 |
| 7. Being able to do things that don't go against my conscience. | 1 | 2 | 3 | 4 | 5 |
| 8. The way my job provides for steady employment. | 1 | 2 | 3 | 4 | 5 |
| 9. The chance to do things for other people. | 1 | 2 | 3 | 4 | 5 |
| 10. The chance to tell people what to do. | 1 | 2 | 3 | 4 | 5 |
| 11. The chance to do something that makes use of my abilities. | 1 | 2 | 3 | 4 | 5 |
| 12. The way company policies are put into practice. | 1 | 2 | 3 | 4 | 5 |
| 13. My pay and the amount of work I do. | 1 | 2 | 3 | 4 | 5 |
| 14. The chances for advancement on this job. | 1 | 2 | 3 | 4 | 5 |
| 15. The freedom to use my own judgment. | 1 | 2 | 3 | 4 | 5 |
| 16. The chance to try my own methods of doing the job. | 1 | 2 | 3 | 4 | 5 |
| 17. The working conditions. | 1 | 2 | 3 | 4 | 5 |
| 18. The way my co-workers get along with each other. | 1 | 2 | 3 | 4 | 5 |
| 19. The praise I get for doing a good job. | 1 | 2 | 3 | 4 | 5 |
| 20. The feeling of accomplishment I get from the job. | 1 | 2 | 3 | 4 | 5 |

QSORRES

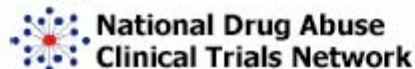


Draft

0016 01 05
Protocol Node Site

QSCAT=

Patient Feedback
Team Meeting Form



Name of staff participating in the Team Meeting (in boxes below)

	NOT DATABASED

Instructions: Please fill in circles for each performance indicator (e.g. Attendance) or clinical subgroup (e.g. Male) your team plans to focus improvement efforts on this month. Select as many - or as few - performance indicators and subgroups as you wish. QSCAT=PERFORMANCE INDICATOR

Performance Indicator:

Attendance Therapeutic Alliance Group Treatment Satisfaction

QSTEST/

Racial/Ethnic Group:

White Asian American Indian or Alaska Native
 Hispanic or Latino African American/Black Native Hawaiian or Pacific Islander

QSTESTCD

QSCAT=RACE

QSORRES

Gender: Male Female QSCAT=GENDER

Length of Stay (LOS): QSCAT=LENGTH OF STAY

Less than 1 week 1 - 4 weeks 1 - 3 months More than 3 months

Improvement Plans

In the space below, indicate the specific action steps your PI team plans to initiate over the next month:

Action Step Title	Specific Actions to be Taken	Will specific individuals implement Action Step?	Status of Action
1	NOT DATABASED	<input type="checkbox"/> No - plan will be implemented by the entire team. <input type="checkbox"/> Yes, the following individuals have the primary responsibility:	<i>(Write Date)</i> <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> Planned <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> Initiated <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> Completed
2		<input type="checkbox"/> No - plan will be implemented by the entire team. <input type="checkbox"/> Yes, the following individuals have the primary responsibility:	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> Planned <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> Initiated <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> Completed
3		<input type="checkbox"/> No - plan will be implemented by the entire team. <input type="checkbox"/> Yes, the following individuals have the primary responsibility:	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> Planned <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> Initiated <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/> Completed