

**The Society for Adolescent Substance  
Abuse Treatment Effectiveness (SASATE)  
3<sup>rd</sup> Annual Meeting  
San Juan, Puerto Rico  
June 18, 2004  
Participant Evaluation**

1. Please rate the amount of time taken for each of these sessions with:  
**1 (too little time), 2 (right amount of time), and 3 (too much time).**  
Circle the number that reflects your evaluation.

Individual Presentations on Breaking Research

Future Directions of Health Services Research at NIDA .....	1	2	3
The Changing Face of Research-to-practice .....	1	2	3
Traumatic Victimization Among Adolescents Presenting for Substance Abuse Treatment .	1	2	3

Research Presentations

Adolescent Clients Treated with Methadone and Buprenorphine for Heroin Addiction .....	1	2	3
Group Characteristics Governing Outcomes in Two Treatment Groups.....	1	2	3
A Review of Selected Process Measures for Group-Based Interventions .....	1	2	3
Concurrent Roundtable Discussions over Lunch.....	1	2	3
Moderated Discussion on Group Therapy.....	1	2	3
Business Meeting.....	1	2	3

2. Please rate the overall helpfulness of these sessions with:  
**1 (not helpful), 2 (helpful), and 3 (very helpful).** Circle the number that  
reflects your evaluation.

Individual Presentations on Breaking Research

Future Directions of Health Services Research at NIDA .....	1	2	3
The Changing Face of Research-to-practice .....	1	2	3
Traumatic Victimization Among Adolescents Presenting for Substance Abuse Treatment .	1	2	3

Research Presentations

Adolescent Clients Treated with Methadone and Buprenorphine for Heroin Addiction .....	1	2	3
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A Review of Selected Process Measures for Group-Based Interventions .....	1	2	3
Concurrent Roundtable Discussions over Lunch.....	1	2	3
Moderated Discussion on Group Therapy.....	1	2	3
Business Meeting.....	1	2	3

3. Please rate the meeting on the following aspects **from 1 (poor) to 5 (excellent)**.

Circle the number for each area that reflects your evaluation.

a. Meeting materials ..... 1 2 3 4 5

b. Meeting facility

1. Hotel ..... 1 2 3 4 5

2. Meeting room (comfort, space, lighting, temperature, acoustics and ventilation) 1 2 3 4 5

3. Provided meals (exclude room service/hotel restaurant meals) ..... 1 2 3 4 5

4. Please rate your overall meeting experience **from 1 (poor) to 5 (excellent)**.

Circle the number that reflects your evaluation..... 1 2 3 4 5

5. Would you recommend this meeting to others (circle your choice)? Yes No

6. Which aspects of the meeting did you find least helpful?

7. Which aspects of the meeting did you find most helpful?

8. Do you have other comments or suggestions about the meeting or accommodations that will assist us in planning future meetings?