

TTA Event and Participant Codebook for Data Download

Form name	Field Name	Field Description	Value Definitions	Validation Notes	Data Type
Event Description	GrantNo	Grant number	Assigned by SAMHSA	Key field, required.	Text 15
Event Description	EventCode	Event alphanumeric code. Assigned by grantee to identify event.		Required.	Text 30
Event Description	EventTitle	Title of event.			Text 250
Event Description	EventDate	Date event begins.	mm/dd/yyyy	Required. 1. EventDate must be between grant start date and grant end date, inclusive. 2. EventDate should be no later than uploading date.	Date
Event Description	FFY	Federal fiscal year event occurred.	yyyy	Calculated field, created by SPARS.	Numeric
Event Description	Quarter	Quarter of the FFY in which event occurred.	1 = Oct - Dec 2 = Jan - Mar 3 = Apr - Jun 4 = Jul - Sep	Calculated field, created by SPARS.	Numeric
Event Description	Month	Calendar month event occurred.	1 = Jan 2 = Feb 3 = Mar 4 = Apr 5 = May 6 = Jun 7 = Jul 8 = Aug 9 = Sep 10 = Oct 11 = Nov 12 = Dec	Calculated field, created by SPARS.	Numeric
Event Description	TTAEventType		1 = Presentation or training 2 = Meeting 3 = Technical assistance	Required.	Numeric
Event Description	TTAEventFormat	Event format	1 = Virtual 2 = In-Person 3 = Hybrid (virtual and in person) -11 = Other (specify)	Required.	Numeric
Event Description	TTAEventFormatSpec	Event format, other specify.		Required if TTAEventFormat = -11.	Text 50
Event Description	NrParticipants	Total # of participants.	1 - 9999 = Number of participants - 9 = Missing	Required.	Numeric
Event Description	NrParticipantsFLWP	Number of participants consenting to follow-up.	0 - 9999 = Number of participants consenting to follow-up -1 = Not Applicable -9 = Missing	Cannot be greater than total # of participants (NrParticipants). -1 not applicable (N/A) if ContactHours is 0.00 to 2.99.	Numeric
Event Description	ContactHours	How many contact hours is this event?	0.00 - 100.0 = number of contact hours, enter two digits after the decimal place -1 = Not Applicable	Required.	Numeric
Event Description	ProgEventCreateDate	Date Event Form was entered in SPARS.	mm/dd/yyyy	Calculated field, created by SPARS.	Date
Event Description	PrimAudProfOrgs	Primary audience - Professionals or organizations	1 = Yes		Numeric
Event Description	PrimAudStudents	Primary audience - Students or educators	1 = Yes		Numeric
Event Description	PrimAudComm	Primary audience - Community members	1 = Yes		Numeric
Event Description	PrimAudTribes	Primary audience - American Indian and Alaska Native tribes	1 = Yes		Numeric
Event Description	PrimAudHispLat	Primary audience - Hispanic and Latino communities	1 = Yes		Numeric
Event Description	PrimAudRural	Primary audience - Rural communities	1 = Yes		Numeric
Post-Event Form	GrantNo	As specified in the Event Description Form.			
Post-Event Form	EventCode	As specified in the Event Description Form.			
Post-Event Form	EventTitle	As specified in the Event Description Form.			
Post-Event Form	EventDate	As specified in the Event Description Form.			
Post-Event Form	FFY	As specified in the Event Description Form.			
Post-Event Form	Quarter	As specified in the Event Description Form.			
Post-Event Form	Month	As specified in the Event Description Form.			
Post-Event Form	TTAEventType	As specified in the Event Description Form.			

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Form name	Field Name	Field Description	Value Definitions	Validation Notes	Data Type
Post-Event Form	TTAEventFormat	As specified in the Event Description Form.			
Post-Event Form	TTAEventFormatSpec	As specified in the Event Description Form.			
Post-Event Form	PersonID	Personal code. Grantee assigned unique identifier for event attendee.	zzzppppyyynn where: zzz = Last 3 digits of zip code pppp = Last 4 digits of phone number yy = Last 2 digits of birth year nnn = First 3 characters of preferred name	Key field, required.	Text 12
Post-Event Form	Gender	What do you consider yourself to be?	1 = Male 2 = Female 3 = Transgender (Male to Female) 4 = Transgender (Female to Male) 5 = Gender non-conforming -11 = Other, specify -7 = Prefer not to answer -9 = Missing data	Required	Numeric
Post-Event Form	GenderSpec	What do you consider yourself to be? Other, specify.			Text 100
Post-Event Form	SexualOrientation	Do you think of yourself as...: Other, please specify.	1 = Straight or Heterosexual 2 = Homosexual (Gay Or Lesbian) 3 = Bisexual 4 = Queer, Pansexual, and/or Questioning 5 = Asexual -11 = (please specify) -7 = Prefer not to answer -9 = Missing data	Required	Numeric
Post-Event Form	SexualOrientationSpec	Do you think of yourself as...: Other, please specify (free text)			Text 50
Post-Event Form	HispanicLatino	Are you Hispanic, Latino/a, or Spanish origin?	0 = No 1 = Yes -7 = Prefer not to answer -9 = Missing data	Required	Numeric
Post-Event Form	CentralAmerican	[IF YES] What ethnic group do you consider yourself? Central American.	1 = Yes	Must be null if HispanicLatino = 0.	Numeric
Post-Event Form	Cuban	[IF YES] What ethnic group do you consider yourself? Cuban.	1 = Yes	Must be null if HispanicLatino = 0.	Numeric
Post-Event Form	Dominican	[IF YES] What ethnic group do you consider yourself? Dominican.	1 = Yes	Must be null if HispanicLatino = 0.	Numeric
Post-Event Form	Mexican	[IF YES] What ethnic group do you consider yourself? Mexican.	1 = Yes	Must be null if HispanicLatino = 0.	Numeric
Post-Event Form	PuertoRican	[IF YES] What ethnic group do you consider yourself? Puerto Rican.	1 = Yes	Must be null if HispanicLatino = 0.	Numeric
Post-Event Form	SourthAmerican	[IF YES] What ethnic group do you consider yourself? South American.	1 = Yes	Must be null if HispanicLatino = 0.	Numeric
Post-Event Form	HispanicPreferNotAnswer	[IF YES] What ethnic group do you consider yourself? Prefer not to answer.	1 = Yes	Must be null if HispanicLatino = 0.	Numeric
Post-Event Form	HispanicMissing	[IF YES] What ethnic group do you consider yourself? Missing data.	1 = Yes	Must be null if HispanicLatino = 0.	Numeric
Post-Event Form	HispanicOther	[IF YES] What ethnic group do you consider yourself? Other, specify.	1 = Yes	Must be null if HispanicLatino = 0.	Numeric
Post-Event Form	HispanicSpec	[IF YES] What ethnic group do you consider yourself? Other, please specify (free text).		Must be null if HispanicLatino = 0. Completed if HispanicOther = 1.	Text 50
Post-Event Form	RaceAmericanIndian	What is your race? American Indian.	1 = Yes		Numeric
Post-Event Form	RaceAlaskaNative	What is your race? Alaska Native.	1 = Yes		Numeric
Post-Event Form	RaceAsianIndian	What is your race? Asian Indian.	1 = Yes		Numeric
Post-Event Form	RaceChinese	What is your race? Chinese.	1 = Yes		Numeric
Post-Event Form	RaceFilipino	What is your race? Filipino.	1 = Yes		Numeric
Post-Event Form	RaceJapanese	What is your race? Japanese.	1 = Yes		Numeric
Post-Event Form	RaceKorean	What is your race? Korean.	1 = Yes		Numeric
Post-Event Form	RaceVietnamese	What is your race? Vietnamese.	1 = Yes		Numeric
Post-Event Form	RaceOtherAsian	What is your race? Other Asian.	1 = Yes		Numeric
Post-Event Form	RaceNativeHawaiian	What is your race? Native Hawaiian.	1 = Yes		Numeric
Post-Event Form	RaceGuamanianChamorro	What is your race? Guamanian or Chamorro.	1 = Yes		Numeric
Post-Event Form	RaceSamoan	What is your race? Samoan.	1 = Yes		Numeric
Post-Event Form	RaceOtherPacificIslander	What is your race? Other Pacific Islander	1 = Yes		Numeric

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Form name	Field Name	Field Description	Value Definitions	Validation Notes	Data Type
Post-Event Form	RaceBlack	What is your race? Black or African American.	1 = Yes		Numeric
Post-Event Form	RaceWhite	What is your race? White.	1 = Yes		Numeric
Post-Event Form	RacePreferNotAnswer	What is your race? Prefer not to answer.	1 = Yes		Numeric
Post-Event Form	RaceMissing	What is your race? Missing data.	1 = Yes		Numeric
Post-Event Form	RaceOther	What is your race? Other (please specify).	1 = Yes		Numeric
Post-Event Form	RaceOtherSpec	What is your race? Other (please specify) (free text).		Must be completed if RaceOther = 1.	Text 50
Post-Event Form	CommunityMetroSuburban	Please select the best category that describes your community: Metropolitan or Suburban Community.	1 = Yes		Numeric
Post-Event Form	CommunityTribal	Please select the best category that describes your community: Tribal Community.	1 = Yes		Numeric
Post-Event Form	CommunityRuralFrontier	Please select the best category that describes your community: Rural or Frontier Community.	1 = Yes		Numeric
Post-Event Form	CommunityUnknown	Please select the best category that describes your community: Unknown.	1 = Yes		Numeric
Post-Event Form	CommunityMissing	Please select the best category that describes your community: Missing data.	1 = Yes		Numeric
Post-Event Form	CommunityOther	Please select the best category that describes your community: Other (please specify).	1 = Yes		Numeric
Post-Event Form	CommunitySpec	Please select the best category that describes your community: Other (please specify) (free text).		Must be completed if CommunityOther = 1.	Text 100
Post-Event Form	Education	What is the highest degree you have received?	1 = Less than 12th Grade 2 = 12th Grade/High School Diploma/Equivalent 3 = Vocational/Technical (Voc/Tech) Diploma 4 = Some College or University 5 = Bachelor's Degree 6 = Graduate Work/Graduate Degree -11 = Other (specify) -7 = Prefer not to answer -9 = Missing data	Required.	Numeric
Post-Event Form	EducationSpec	What is the highest degree you have received? Other (please specify) (free text)			Text 50

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Form name	Field Name	Field Description	Value Definitions	Validation Notes	Data Type
Post-Event Form	PrimaryProfession	What is your primary profession?	10 = Addictions professional 20 = Advanced Practice Registered Nurse 30 = Business owner 40 = Case manager/care coordinator 50 = Clinical supervisor 60 = Community Health Worker/Health Educator 70 = Counselor/therapist (all types) 80 = Criminal justice/law enforcement professional 90 = Dentist 100 = Faith Leader 110 = Family member/caregiver 120 = Midwife 130 = Nurse/Nurse Practitioner 140 = Peer recovery specialist 150 = Public or Business Administrator 160 = Researcher 170 = Pharmacist 180 = Physician 190 = Physician assistant 200 = Prevention specialist 210 = Psychiatrist 220 = Psychologist 230 = Recovery coach 240 = Rural worker or Farmer 250 = Social worker 260 = Student, Full time 270 = Student, Part-time (not working) 280 = Student, Part-time (working) 290 = Teacher/educator 300 = Retired; 310 = Unemployed -11 = Other (please specify); -9 = Missing data	Required.	Numeric
Post-Event Form	PrimaryProfessionOther	What is your primary profession? Other (please specify) (free text)		Must be completed if PrimaryProfession = - 11.	Text 50
Post-Event Form	StudentPrimaryField	If you are a student, what is your primary field of study?	20 = Addiction Medicine 30 = Counseling 40 = Criminal Justice/Law Enforcement 50 = Certification program 55 = Medicine (general or residency) 60 = Nursing (general or registered nurse) 70 = Nursing Practitioner 80 = Peer or Recovery Specialist 90 = Pharmacy 100 = Physician Assistant 110 = Prevention science 120 = Psychiatry 130 = Psychology 140 = Public Health(Master's or PhD) 150 = Recovery Coach 160 = Social Work -1 = Not Applicable - not a student -11 = Other (please specify) -9 = Missing data	Required, coded -1 Not applicable if not a student.	Numeric
Post-Event Form	StudentPrimaryFieldSpec	If you are a student, what is your primary field of study? Other (please specify) (free text)		Must be completed if StudentPrimaryField = -11.	Text 50

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Form name	Field Name	Field Description	Value Definitions	Validation Notes	Data Type
Post-Event Form	PrincipalEmpSetting	Which of the following best describes your principal employment setting?	10 = State/county/jurisdiction/territorial/tribal government 20 = Substance use disorder treatment program 30 = Substance use prevention program 40 = Community recovery support program 50 = Group home 60 = Transitional/supported living facility 70 = Mental health clinic or treatment program (Community mental health program) 80 = Community health/Community health coalition 90 = Community coalition 100 = Primary Care 110 = Federally Qualified Health Centers (FQHC) 120 = Hospital 130 = State or private psychiatric hospital 140 = Aging Services Network 150 = Skilled nursing facility 160 = Criminal justice/corrections (court, prison, jail, prison/probation, TASC) 170 = Military/VA 180 = Higher education setting 190 = Elementary or secondary education setting 200 = Community-based organization (including faith-based organizations) 210 = Self-employed (any type of business) 220 = Farm or rural establishment 230 = Family-run or consumer-run organization 240 = Homecare 250 = Shelter 260 = Government -1 = Not Applicable, not employed -11 = Other (please specify)	Required.	Numeric
Post-Event Form	PrincipalEmpSettingSpec	Which of the following best describes your principal employment setting? Other (please specify) (free text)		Must be completed if PrincipalEmSetting = -11.	Text 50
Post-Event Form	ZipCode	What is the zip code of your principal employment setting or school (if you are a student)?	Use 00000 for missing information	Required.	Text 5
Post-Event Form	QualGeneral	How satisfied were you with the overall quality of this event?	1 = Very Satisfied 2 = Satisfied 3 = Neutral 4 = Dissatisfied 5 = Very Dissatisfied -9 = Missing data	Required.	Numeric
Post-Event Form	ProfessionalBenefit	I expect this event to benefit me and/or my community.	1 = Strongly Agree 2 = Agree 3 = Neutral 4 = Disagree 5 = Strongly Disagree -9 = Missing data	Required.	Numeric
Post-Event Form	UseInfo	If you are a practicing healthcare provider, counsellor, preventionist, social worker, educator or work in the criminal justice/law enforcement field (if not SKIP this question): I expect this event will improve my ability to work effectively.	1 = Strongly Agree 2 = Agree 3 = Neutral 4 = Disagree 5 = Strongly Disagree -1 = Not applicable -9 = Missing data	Required.	Numeric
Post-Event Form	Recommend	I would recommend this event to a friend/colleague.	1 = Yes 0 = No -9 = Missing data	Required.	Numeric
Post-Event Form	WhatWasUseful	What about the event was most useful to you?			Text 500
Post-Event Form	HowCouldBeImproved	How could this event be improved?			Text 500
Post-Event Form	PostEventCreateDate	Date Post-Event Form was entered into SPARS.	mm/dd/yyyy	Calculated field, created by SPARS.	Date
Follow-Up Form	GrantNo	As specified in the Event Description Form.			

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Form name	Field Name	Field Description	Value Definitions	Validation Notes	Data Type
Follow-Up Form	EventCode	As specified in the Event Description Form.			
Follow-Up Form	EventTitle	As specified in the Event Description Form.			
Follow-Up Form	EventDate	As specified in the Event Description Form.			
Follow-Up Form	FFY	As specified in the Event Description Form.			
Follow-Up Form	Quarter	As specified in the Event Description Form.			
Follow-Up Form	Month	As specified in the Event Description Form.			
Follow-Up Form	TTAEventType	As specified in the Event Description Form.			
Follow-Up Form	TTAEventFormat	As specified in the Event Description Form.			
Follow-Up Form	TTAEventFormatSpec	As specified in the Event Description Form.			
Follow-Up Form	PersonID	Personal code. Grantee assigned unique identifier for event attendee.	zzzppppyynnn where: zzz = Last 3 digits of zip code pppp = Last 4 digits of phone number yy = Last 2 digits of birth year nnn = First 3 characters of preferred name	Key field, required.	Text 12
Follow-Up Form	TTAUrgentNeedToChange	Prior to participating in this event, I felt there was a need for me, my organization, and/or my community to make a change related to the topic of the event.	1 = Strongly Agree 2 = Agree 3 = Neutral 4 = Disagree 5 = Strongly Disagree -9 = Missing data	Required.	Numeric
Follow-Up Form	TTAHasBenefitToAll	The information from this event has benefited or met a need for me, my family and/or community.	1 = Strongly Agree 2 = Agree 3 = Neutral 4 = Disagree 5 = Strongly Disagree -9 = Missing data	Required.	Numeric
Follow-Up Form	HasBenefit	The information from this event has benefited me professionally.	1 = Strongly Agree 2 = Agree 3 = Neutral 4 = Disagree 5 = Strongly Disagree -1 = Not Applicable - not professionally engaged -9 = Missing data	Required.	Numeric
Follow-Up Form	UsedInfo	I have used the information gained from this event to make changes in my practice or to help my family and/or my community.	1 = Strongly Agree 2 = Agree 3 = Neutral 4 = Disagree 5 = Strongly Disagree -9 = Missing data	Required.	Numeric
Follow-Up Form	ContinueUseInfo	I expect to continue using the information from this event in the future.	1 = Strongly Agree 2 = Agree 3 = Neutral 4 = Disagree 5 = Strongly Disagree -9 = Missing data	Required.	Numeric
Follow-Up Form	ShareInfo	I have shared the information gained from this event with my family, community, or colleagues.	1 = Yes 0 = No -9 = Missing data	Required.	Numeric
Follow-Up Form	MostUsefulHandoutsRes	What about the event was most useful in supporting your work responsibilities or your role in your community? Handouts and resources.	1 = Yes		Numeric
Follow-Up Form	MostUsefulOnlineRes	What about the event was most useful in supporting your work responsibilities or your role in your community? Online resources.	1 = Yes		Numeric
Follow-Up Form	MostUsefulGeneralInfo	What about the event was most useful in supporting your work responsibilities or your role in your community? General information acquired.	1 = Yes		Numeric
Follow-Up Form	MostUsefulIdeasHelpCom	What about the event was most useful in supporting your work responsibilities or your role in your community? New ideas to help my community.	1 = Yes		Numeric

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Form name	Field Name	Field Description	Value Definitions	Validation Notes	Data Type
Follow-Up Form	MostUsefulIdeasHelpPracPatCom	What about the event was most useful in supporting your work responsibilities or your role in your community? New ideas to help my practice/patients/consumers.	1 = Yes		Numeric
Follow-Up Form	MostUsefulInteraction	What about the event was most useful in supporting your work responsibilities or your role in your community? Networking/interaction with trainers/leaders and participants.	1 = Yes		Numeric
Follow-Up Form	MostUsefulInterventionsCom	What about the event was most useful in supporting your work responsibilities or your role in your community? Learning new modalities/interventions to improve life in my community.	1 = Yes		Numeric
Follow-Up Form	MostUsefulInterventionsPrac	What about the event was most useful in supporting your work responsibilities or your role in your community? Learning new modalities/interventions to improve my practice.	1 = Yes		Numeric
Follow-Up Form	MostUsefulEmpathic	What about the event was most useful in supporting your work responsibilities or your role in your community? Learning how to be more empathic with community members or patients/consumers.	1 = Yes		Numeric
Follow-Up Form	MostUsefulUnderstandContent	What about the event was most useful in supporting your work responsibilities or your role in your community? Better understanding of the content of the event.	1 = Yes		Numeric
Follow-Up Form	MostUsefulUnderstandNeeds	What about the event was most useful in supporting your work responsibilities or your role in your community? Better understanding of patients/consumers' needs.	1 = Yes		Numeric
Follow-Up Form	MostUsefulImportanceImprove	What about the event was most useful in supporting your work responsibilities or your role in your community? Learning the importance of making ongoing improvements to my practice.	1 = Yes		Numeric
Follow-Up Form	MostUsefulMissing	What about the event was most useful in supporting your work responsibilities or your role in your community? Missing data.	1 = Yes		Numeric
Follow-Up Form	MostUsefulOther	What about the event was most useful in supporting your work responsibilities or your role in your community? Other (please specify).	1 = Yes		Numeric
Follow-Up Form	MostUsefulSpec	What about the event was most useful in supporting your work responsibilities or your role in your community? Other (please specify) (free text).		Must be completed if MostUsefulOther = 1.	Text 100
Follow-Up Form	OrgImpNotApplicable	If you are a healthcare provider, what has improved in your organization/practice because of this event? Not Applicable - Not a healthcare provider.	1 = Yes		Numeric
Follow-Up Form	OrgImpNewPractices	If you are a healthcare provider, what has improved in your organization/practice because of this event? Adopted new practices/interventions.	1 = Yes		Numeric
Follow-Up Form	OrgImpMeetLocalCulture	If you are a healthcare provider, what has improved in your organization/practice because of this event? Adapted programs, policies, practices, or other interventions to meet local culture.	1 = Yes		Numeric
Follow-Up Form	OrgImpCultResp	If you are a healthcare provider, what has improved in your organization/practice because of this event? Better application of culturally responsive practices.	1 = Yes		Numeric
Follow-Up Form	OrgImpAccessUnderserved	If you are a healthcare provider, what has improved in your organization/practice because of this event? Expanded access to underserved populations.	1 = Yes		Numeric
Follow-Up Form	OrgImpTelehealth	If you are a healthcare provider, what has improved in your organization/practice because of this event? Implemented telehealth.	1 = Yes		Numeric
Follow-Up Form	OrgImpCommParticipants	If you are a healthcare provider, what has improved in your organization/practice because of this event? Improved communication/interaction with patients/consumers/participants/key stakeholders.	1 = Yes		Numeric
Follow-Up Form	OrgImpCommStaff	If you are a healthcare provider, what has improved in your organization/practice because of this event? Improved communication with staff.	1 = Yes		Numeric
Follow-Up Form	OrgImpLeadership	If you are a healthcare provider, what has improved in your organization/practice because of this event? Improved leadership/management style.	1 = Yes		Numeric

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Follow-Up Form	OrgImpImplementation	If you are a healthcare provider, what has improved in your organization/practice because of this event? Improved implementation of existing practices/interventions.	1 = Yes		Numeric
Follow-Up Form	OrgImpData	If you are a healthcare provider, what has improved in your organization/practice because of this event? Improved collection and/or use of assessment and/or evaluation data.	1 = Yes		Numeric
Follow-Up Form	OrgImpCommReadiness	If you are a healthcare provider, what has improved in your organization/practice because of this event? Improved community readiness and/or increased community mobilization.	1 = Yes		Numeric
Follow-Up Form	OrgImpAwarenessNeeds	If you are a healthcare provider, what has improved in your organization/practice because of this event? Increased awareness of patients/consumers/participants/key stakeholders' needs.	1 = Yes		Numeric
Follow-Up Form	OrgImpNoChange	If you are a healthcare provider, what has improved in your organization/practice because of this event? No change.	1 = Yes		Numeric
Follow-Up Form	OrgImpMissing	If you are a healthcare provider, what has improved in your organization/practice because of this event? Missing data.	1 = Yes		Numeric
Follow-Up Form	OrgImpOther	If you are a healthcare provider, what has improved in your organization/practice because of this event? Other (please specify).	1 = Yes		Numeric
Follow-Up Form	OrgImpSpec	If you are a healthcare provider, what has improved in your organization/practice because of this event? Other (please specify) (free text).		Must be completed if OrgImpOther = 1.	Text 100
Follow-Up Form	StudNotApplicable	If you are a student, how has this event impacted you? Not Applicable - not a student.	1 = Yes		Numeric
Follow-Up Form	StudUnderstanding	If you are a student, how has this event impacted you? Improved my understanding of the subject.	1 = Yes		Numeric
Follow-Up Form	StudInspiredLearn	If you are a student, how has this event impacted you? Inspired me to learn more about the subject.	1 = Yes		Numeric
Follow-Up Form	StudBetterServe	If you are a student, how has this event impacted you? Prepared me to better serve patients/consumers/participants/key stakeholders.	1 = Yes		Numeric
Follow-Up Form	StudChooseSpec	If you are a student, how has this event impacted you? Helped me to choose a specialty area.	1 = Yes		Numeric
Follow-Up Form	StudNotHelp	If you are a student, how has this event impacted you? It did not.	1 = Yes		Numeric
Follow-Up Form	StudMissing	If you are a student, how has this event impacted you? Missing data.	1 = Yes		Numeric
Follow-Up Form	StudOther	If you are a student, how has this event impacted you? Other (please specify).	1 = Yes		Numeric
Follow-Up Form	StudOtherSpec	If you are a student, how has this event impacted you? Other (please specify) (free text).		Must be completed if StudOther = 1.	Text 100
Follow-Up Form	ComImpNotApplicable	If you are a community member, from your observation, what has improved in your community because of this event? Not Applicable - not a community member.	1 = Yes		Numeric
Follow-Up Form	ComImpDisorders	If you are a community member, from your observation, what has improved in your community because of this event? Better understanding of substance use disorders and/or mental illness.	1 = Yes		Numeric
Follow-Up Form	ComImpInterventions	If you are a community member, from your observation, what has improved in your community because of this event? Better understanding of effective behavioral health interventions.	1 = Yes		Numeric
Follow-Up Form	ComImpPrevention	If you are a community member, from your observation, what has improved in your community because of this event? Increased implementation of prevention programs.	1 = Yes		Numeric
Follow-Up Form	ComImpCommunication	If you are a community member, from your observation, what has improved in your community because of this event? Better communication with family or community members.	1 = Yes		Numeric
Follow-Up Form	ComImpAwarenessNeeds	If you are a community member, from your observation, what has improved in your community because of this event? Increased awareness of community members' needs.	1 = Yes		Numeric

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Form name	Field Name	Field Description	Value Definitions	Validation Notes	Data Type
Follow-Up Form	ComImpActionAdvocacy	If you are a community member, from your observation, what has improved in your community because of this event? Increased community action/group action/collective advocacy.	1 = Yes		Numeric
Follow-Up Form	ComImpDialogSupport	If you are a community member, from your observation, what has improved in your community because of this event? Enhanced community dialogue or increased accessibility to support groups.	1 = Yes		Numeric
Follow-Up Form	ComImpDecreasedStigma	If you are a community member, from your observation, what has improved in your community because of this event? Decreased stigma toward people with substance use disorders or mental illness.	1 = Yes		Numeric
Follow-Up Form	ComImpWellbeing	If you are a community member, from your observation, what has improved in your community because of this event? Collective sense of wellbeing.	1 = Yes		Numeric
Follow-Up Form	ComImpNoChange	If you are a community member, from your observation, what has improved in your community because of this event? No change.	1 = Yes		Numeric
Follow-Up Form	ComImpMissing	If you are a community member, from your observation, what has improved in your community because of this event? Missing data.	1 = Yes		Numeric
Follow-Up Form	ComImpOther	If you are a community member, from your observation, what has improved in your community because of this event? Other (please specify).	1 = Yes		Numeric
Follow-Up Form	ComImpSpec	If you are a community member, from your observation, what has improved in your community because of this event? Other (please specify) (free text).		Must be completed if ComImpOther = 1.	Text 100
Follow-Up Form	TTABarriersToApplyInfo	What, if any, barriers exist to applying the information presented at this event?			Text 500
Follow-Up Form	TTAMostUsefulToYou	What about the event was most useful to you?			Text 500
Follow-Up Form	TTAImprove	How could this event be improved?			Text 500
Follow-Up Form	FollowupCreateDate	Date follow-up form was entered into SPARS.	mm/dd/yyyy	Calculated field, created by SPARS.	Date