

ADULT MENTAL HEALTH FIRST AID TRAINING

TRAINING DATE(S)

TRAINING LOCATION

FACILITATOR(S)

CSAT BASELINE TRAINING SATISFACTION SURVEY

Answer the following prompts to develop a personal ID code. This ID code will be used to link participant's pre-survey and post-survey without collecting identifying information from each participant.

ID CODE:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	Last 2 letters of First Name		Day of month you were born		Last 2 letters of last name		Last 3 numbers of main phone number		
<i>Example:</i>	<i>E</i>	<i>D</i>	<i>0</i>	<i>8</i>	<i>I</i>	<i>S</i>	<i>2</i>	<i>9</i>	<i>0</i>
	Ted		June 8		Futris		XXX – XXX – 4290		

After you generate your personal ID code, please save it in your phone as PROMISE ID code. You will need this code in the future. Thank you.

CENTER FOR SUBSTANCE ABUSE TREATMENT

Public reporting burden for this collection of information is estimated to average 10 minutes per response to complete the Contact Information Form and 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 0930-0208.

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.

	<u>Very Satisfied</u>	<u>Satisfied</u>	<u>Neutral</u>	<u>Dissatisfied</u>	<u>Very Dissatisfied</u>
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.

	<u>Strongly Agree</u>	<u>Agree</u>	<u>Neutral</u>	<u>Disagree</u>	<u>Strongly Disagree</u>
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

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15. This training was relevant to substance abuse treatment. 1 2 3 4 5
16. I would recommend this training to a colleague. 1 2 3 4 5

	<u>Very Useful</u>	<u>Useful</u>	<u>Neutral</u>	<u>Useless</u>	<u>Not Applicable</u>
17. How useful was the information you received from the instructor?	1	2	3	4	5

18. Please indicate which title best describes your job:
- | | | |
|--|---|---|
| <input type="checkbox"/> Medical Director | <input type="checkbox"/> Clinical Administrator/Manager | <input type="checkbox"/> Federal Government Official |
| <input type="checkbox"/> Physician | <input type="checkbox"/> Clinical Supervisor | <input type="checkbox"/> State Government Official |
| <input type="checkbox"/> Nurse | <input type="checkbox"/> Psychologist | <input type="checkbox"/> County Government Official |
| <input type="checkbox"/> Physician's Assistant | <input type="checkbox"/> Counselor | <input type="checkbox"/> Researcher |
| <input type="checkbox"/> Pharmacist | <input type="checkbox"/> Social Worker | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Other (please describe) | <input type="checkbox"/> Manager/Director | |

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19. Please indicate which best describes your agency or affiliation:
- | | |
|---|---|
| <input type="checkbox"/> Federal Government | <input type="checkbox"/> Substance Abuse Treatment Program |
| <input type="checkbox"/> State Government | <input type="checkbox"/> University or other higher education institution |
| <input type="checkbox"/> County Government | <input type="checkbox"/> Other (please describe) _____ |
| <input type="checkbox"/> 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)?
- | | |
|--|--|
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Alaska Native |
| <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian |
| <input type="checkbox"/> White | <input type="checkbox"/> 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.

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Form 1184 (08-19)

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