## ADULT MENTAL HEALTH FIRST AID TRAINING

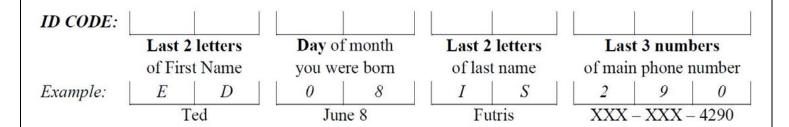
TRAINING DATE(S)

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.



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.

		Very				Very	
		Satisfied	Satisfied	Neutral	Dissatisfied	Dissatisfied	
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.	Strongly <u>Agree</u>	Agree	Neutral	Disagree	Strongly <u>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 train	ing to a colleague.	1	2	3	4	5
		Very <u>Useful</u>	<u>Useful</u>	Neutral	<u>Useless</u>	Not Applicabl
17. How useful was the informat instructor?	ion you received from the	1	2	3	4	5
18. Please indicate which title be	st describes your job:					
Medical Director	Clinical Administrator/Ma	anager	Fede	ral Govern	nment Offici	al
Physician	Clinical Supervisor		State	Governm	ent Official	
Nurse	Psychologist		Cou	nty Govern	ment Offici	al
Physician's Assistant	Counselor		Rese	archer		
Pharmacist	Social Worker		Othe	er (please s	pecify)	
Other (please describe)	Manager/Director					
19. Please indicate which best de	escribes your agency or affiliation	n·				
Federal Government	Substance Abuse Treatme					
State Government	University or other higher	_	titution			
County Government	Other (please describe)					
Local Government					<del></del>	
20. What is your gender?	1Male 2Fema	ale				
21. Are you Hispanic or Latino?	1Yes 2No					
22. What is your race (Mark all t	hat apply)?					
Black or African American	Alaska Native					
Asian	American Indian					
White	Native Hawaiian or Othe	D 'C II	سداد.			

AMHFA
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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