Addiction Technology Transfer Center (ATTC) Network
Post-Event Form for Training

Participants – Please Write Your Unique Personal Code Here as Follows:

<table>
<thead>
<tr>
<th>First Letter of Mother’s First Name:</th>
<th>First Letter of Mother’s Maiden Name:</th>
</tr>
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<tbody>
<tr>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

Office Use Only - ATTC Event Code:

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PLEASE BASE YOUR ANSWER ON HOW YOU FEEL ABOUT THE SESSION NOW.

<table>
<thead>
<tr>
<th></th>
<th>Very Satisfied</th>
<th>Satisfied</th>
<th>Neutral</th>
<th>Dissatisfied</th>
<th>Very Dissatisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. How satisfied are you with the overall quality of this training?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2. How satisfied are you with the quality of the instruction?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>3. How satisfied are you with the quality of the training materials?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>4. Overall, how satisfied are you with your training experience?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

PLEASE INDICATE YOUR AGREEMENT WITH THESE STATEMENTS ABOUT THE TRAINING.

<table>
<thead>
<tr>
<th></th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. The training class was well organized.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>6. The material presented in this class will be useful to me in dealing with substance abuse.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>7. The instructor was knowledgeable about the subject matter.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>8. The instructor was well prepared for the course.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>9. The instructor was receptive to participant comments and questions.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>10. I am currently effective when working in this topic area.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>11. The training enhanced my skills in this topic area.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>12. The training was relevant to my career.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
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Please Continue to Next Page
<table>
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<tr>
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<th>Disagree</th>
<th>Strongly Disagree</th>
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<tr>
<td>13.</td>
<td>I expect to use the information gained from this training.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td>I expect this training to benefit my clients.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15.</td>
<td>This training was relevant to substance abuse treatment.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16.</td>
<td>I would recommend this training to a colleague.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17.</td>
<td>I have adequate knowledge in this training area.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18.</td>
<td>I possess the skills required in this topic area.</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<th></th>
<th>Very Useful</th>
<th>Useful</th>
<th>Neutral</th>
<th>Useless</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>19.</td>
<td>How useful was the information you received from the instructor?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

20. Your gender:  
- Female  
- Male  
- Transgender

21. Are you Hispanic or Latino/a?  
- Yes  
- No

22. What is your race? (select one or more):

- Alaska Native  
- American Indian  
- Asian  
- Black or African American  
- Native Hawaiian  
- Other Pacific Islander  
- White  
- Other (please specify) _______________

23. What is the highest degree you have received (select one)?

- Some high school, but no diploma or equivalent  
- High school diploma or equivalent  
- Some college but no degree  
- Associate’s degree  
- Bachelor's degree  
- Master's degree  
- Doctoral degree or equivalent  
- Other (please specify): _______________

Please Continue to Next Page
24. What is your **primary** profession (*select one*)?

- Counselor
- Addictions professional
- Social worker
- Recovery specialist
- Mental health professional
- Criminal justice/law enforcement professional
- Disease intervention specialist/investigator
- Community health worker
- Health educator
- Educator (post-secondary or continuing)
- Public or Business
- Administrator
- Researcher
- Physician
- Physician assistant
- Registered nurse
- Licensed practical nurse
- Advanced practice nurse
- Pharmacist
- Dentist
- Other dental professional
- Other (please specify)

25. If you are a student, what is your **primary** field of study (*select one*)?

- Not a student
- Counseling
- Psychology
- Medicine
- Pharmacology
- Basic, translational or applied science
- Addiction
- Public health
- Other (please specify)
- Social Work
- Nursing
- Dentistry
- Criminal justice/law enforcement
- Education
- Public or business administration

26. In which discipline(s) are you currently licensed or certified (*select one or more*)?

- Not licensed or certified
- Addictions prevention, treatment or recovery
- Counseling
- Psychology
- Social Work
- Medicine
- Nursing
- Pharmacology
- Dentistry
- Criminal justice/law enforcement
- Other (please specify)

27. Which best describes your role at your current workplace (*select one*)?

- Clinician / care provider/direct service provider
- Clinical Supervisor
- Recovery Specialist
- Manager / coordinator/administrator
- Client / patient educator
- Case manager
- Prevention case manager
- Counselor
- Mental health therapist
- Parole/Probation/Re-Entry Support
- Outreach staff
- Disease
- intervention/investigation
- Resident / fellow
- Teacher / faculty
- Trainer / TA Provider
- Group Facilitator
- Not currently employed
- Other (please specify)
28. Which best describes your **principal** employment setting (select one)?

- □ Community or Faith-based service organization (CBO/FBO)
- □ Government (federal, state or municipal)
- □ State/local health department
- □ School/university (academic department)
- □ Hospital/Hospital-affiliated clinic
- □ HMO/managed care organization
- □ Solo/group private practice
- □ Addictions treatment program (inpatient)
- □ Addictions treatment program (outpatient)
- □ Addictions treatment program (residential)
- □ Recovery support program
- □ School/university-based health clinic
- □ Correctional facility
- □ Probation/parole office
- □ Local law enforcement department
- □ Military/VA
- □ Tribal/Indian Health Service
- □ Community health center
- □ Not currently employed
- □ Other: *(please specify)* __________________

29. What is the zip code of your principal employment setting? □□□□□

30. What about the training was most useful in supporting your work responsibilities?

31. How can the ATTC Network improve its training?

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Thank you for completing our survey.

*Return your survey to the Survey Administrator for your Session.*

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for completing this questionnaire. Send comments regarding this burden estimate or any other aspect of this collection of information to SAMHSA Reports Clearance Officer, Room 7-1044, 1 Choke Cherry Road, Rockville, MD 20857. 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 0930-0216.