

FOLLOW UP TRAINING SURVEY

For Health Organizations

Date: _____

Site: _____

If the topic was not covered during today's training, please check the N/A (Not Applicable) checkbox.
Some of these topics may not apply to you if you do not provide direct care to clients.

<i>The training today increased my understanding of:</i>		Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree	N/A
1.	The impact of domestic and sexual violence (DSV) and reproductive and sexual coercion (RSC) on health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	How to discuss the limits of confidentiality with my clients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	How to assess for domestic and sexual violence (DSV).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	How to assess for reproductive and sexual coercion (RSC).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	How to work with your local DV partner to facilitate client access to advocacy services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Following the training today, I am <u>more likely</u> to:</i>		Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree	N/A
6.	Provide anticipatory guidance on healthy relationships to all clients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Discuss the limits of confidentiality with my clients before asking about coercion or violence.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Assess for domestic and sexual violence (DSV) with any client.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Assess for reproductive and sexual coercion (RSC) with any client.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<p>Please mark at least one action item that you intend to do differently following the training today:</p> <input type="checkbox"/> Put up posters about DSV and RSC <input type="checkbox"/> Offer an in-service training for all my staff on DSV and RSC <input type="checkbox"/> Call my DV partner program <input type="checkbox"/> Commit to assessing for DSV and RSC regularly <input type="checkbox"/> Attend, or help lead, another DSV or RSC training <input type="checkbox"/> Review the new protocol for assessing for DSV and/or RSC <input type="checkbox"/> Other (please be as specific as you can): _____						
11.	<p>What ongoing support do you need to confidently incorporate discussion of DSV and RSC in all your encounters with clients?</p> <hr/> <hr/>						
<i>About the presentation:</i>		Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree	N/A
12.	The presentation was helpful and informative.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	I have learned something new about domestic violence.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	The presenters were organized and prepared.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	I was able to understand the presenters.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Public Burden Statement: 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 OMB control number for this project is 0915-0212. Public reporting burden for this collection of information is estimated to average .25 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send

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comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N-39, Rockville, Maryland, 20857.

Comments and Suggestions:
