

**SOCIAL WORK & FAMILY PHYSICIANS POST-TRAINING SURVEY**

Form Approved  
OMB No. 0920-XXXX  
Exp. Date xx/xx/20xx

**Instructions:** Please answer the questions below. Your responses will be kept secure, and will be summarized only in aggregate with those of other respondents. Individual, identifiable responses will NOT be shared.

**1. Overall, how satisfied are you with the content and quality of this training?**

Very Satisfied\_\_ Satisfied\_\_ Neutral\_\_ Dissatisfied\_\_ Very Dissatisfied\_\_

**2. How satisfied are you with the ease and functionality of the training module?**

Very Satisfied\_\_ Satisfied\_\_ Neutral\_\_ Dissatisfied\_\_ Very Dissatisfied\_\_

**3. The training program presented FASD concepts clearly.**

Strongly Disagree\_\_ Disagree\_\_ Neutral\_\_ Agree\_\_ Strongly Agree\_\_

**4. The content of the program related to the learning objectives.**

Strongly Disagree\_\_ Disagree\_\_ Neutral\_\_ Agree\_\_ Strongly Agree\_\_

**5. The training enables me to serve my patients/clients better.**

Strongly Disagree\_\_ Disagree\_\_ Neutral\_\_ Agree\_\_ Strongly Agree\_\_

**6. What suggestions do you have for improving this training?**

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**7. After participating in the FASD training program, how much do you know about FASD?**

Very little		Some		A lot
1	2	3	4	5

**8. How likely are you to use the skills learned in this FASD training program in your practice?**

Not Likely		Somewhat Likely		Very Likely
1	2	3	4	5

**9. The training increased my knowledge of SBI.**

Strongly Disagree\_\_ Disagree\_\_ Neutral\_\_ Agree\_\_ Strongly Agree\_\_

**10. The training enhanced my skills in screening and intervention to help avoid Alcohol Exposed Pregnancies (AEP).**

Strongly Disagree\_\_ Disagree\_\_ Neutral\_\_ Agree\_\_ Strongly Agree\_\_