

Wheeler Clinic, Inc. Prevention of Opioid Misuse in Women: OWHPA Connecticut Opioid Misuse Prevention (COMP) Initiative

Adolescent SBIRT for Girls In-PersonTraining Feedback Survey:
Satisfaction and Retrospective Knowledge and Awareness Survey
Date:

Please indicate the type of organization with which you are associated (select only one).												
\circ	Federally Qual	derally Qualified Health Center (FQHC) Pediatric Practice										Practice
0	Prevention Agency							0			ool Ba	sed Health Center/School Nurse
\circ	Youth Serving Community-Based Organization											
	Other									_		
Please select the best response to each statement.												
	overall quality	of the		_	t, spea							
O	Excellent	\circ	Very	Good	O	Good	\circ	Fa	air	\bigcirc	Poor	
2. The	quality of the h	andou	ıts dis	tributed at t	he tra	ining.						
0	Excellent	0	Very	Good	0	Good	0	Fa	air	0	Poor	
3. The	trainers explain	ed the	e objec	ctives of the	e train	ing.						
0	Strongly Agree	;	0	Agree	0	Neutral)	Disagre	ee	0	Strongly Disagree
4. The trainers provided adequate answers to questions posed by the audience members.												
0	Strongly Agree	;	0	Agree	0	Neutral)	Disagre	ee	0	Strongly Disagree
5. The subject of the training was relevant to my work.												
0	Strongly Agree	;	0	Agree	0	Neutral		C	Disagre	ee	0	Strongly Disagree
6. The	training objectiv	ves w	ere me	et.								
0	Strongly Agree	;	0	Agree	0	Neutral)	Disagre	ee	0	Strongly Disagree
7. I fee	el confident asse	sing g	girls aş	ges 12-18 fo	or sub	stance use.						
\circ	Strongly Agree	;	0	Agree	0	Neutral)	Disagre	ee	0	Strongly Disagree
8. Before taking this Adolescent SBIRT for Girls training, my answer to #7 would have been:												
0	Strongly Agree	;	0	Agree	0	Neutral)	Disagre	ee	0	Strongly Disagree
9. I fee	el confident prov	iding	g a brie	ef interventi	on to	girls ages 12	2-18 i	f ne	eeded.			
\circ	Strongly Agree	;	0	Agree	0	Neutral		C	Disagre	ee	\circ	Strongly Disagree
10. Be	fore taking this	Adol	escent	SBIRT for	Girls	training, my	answ	er t	to #9 wc	ould l	nave be	een:
0	Strongly Agree	;	0	Agree	0	Neutral)	Disagre	ee	0	Strongly Disagree
11. I f	eel confident ref	erring	g girls	ages 12-18	to trea	atment if nee	eded.					
0	Strongly Agree	;	\circ	Agree	0	Neutral)	Disagre	ee	\circ	Strongly Disagree
12. Be	fore taking this	Adole	escent	SBIRT for	Girls	training, my	answ	er t	to #11 w	ould	have b	peen:
0	Strongly Agree	;	0	Agree	0	Neutral		\supset	Disagre	ee	\circ	Strongly Disagree
13. I u	nderstand the ur	nique	risk fa	actors of gir	ls age	s 12-18 rega	ırding	sul	bstance	use.		
0	Strongly Agree			Agree	0				Disagre		0	Strongly Disagree
14. Be	efore taking this	Adol	_	SBIRT for	Girls	training, my	answ	er t	to #13 w	ould	have b	peen:
O	Strongly Agree	;	0	Agree	\circ	Neutral	()	Disagre	ee	O	Strongly Disagree
15. Please use this space for additional comments and suggestions.												

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990-0379. The time required to complete this information collection is estimated to average 7 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, to review and complete the information collection. If you have comments concerning the accuracy of the time estimate (s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer

Thank you for completing this survey!