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Page 1 / 2

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## Social Work & Family Physicians Post-Training Survey

Form Approved

OMB No. 0920-XXXX

Exp. Date xx/xx/20xx

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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?

\_\_\_\_\_

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

1. Very little      2      3. Some      4      5. A lot

Response:                             

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

1. Not likely      2      3. Somewhat likely      4      5. Very likely

Response:                             

9 The training increased my knowledge of Screening and Brief Intervention (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

Next Page

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