

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?

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__