Form Approved

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# Training and Technical Assistance (TTA) GPRA Post-Event Form–(GPRA-PEF)

Public reporting burden for this collection of information is estimated to average 10 minutes to complete this questionnaire. Send comments regarding this burden estimate or any other aspect of this collection of information to the Substance Abuse and Mental Health Services Administration (SAMHSA) Reports Clearance Officer, Room 15E57A, 5600 Fishers Lane, Rockville, MD 20857. 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 Office of Management and Budget (OMB) control number. The control number for this project is 0930-0389.

## Protocol for New GPRA Process for all TTA Programs

The Training and Technical Assistance programs are SAMHSA programs funded with the intent to support community and professional development. A uniform data collection tool will be used by all TTA grantees.

Government Performance and Results Act (GPRA) Post-Event Form (GPRA-PEF):

* This form will collect information on participant demographics and satisfaction with the TTA event.
* The GPRA-PEF will be used for all events (presentations, training, technical assistance, and meetings) regardless of the length of the event.

### TTA GPRA Post-Event Form (GPRA-PEF)

Event Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This questionnaire aims to gather your feedback regarding the quality and usefulness of this event. The information you provide will be used to enhance and improve future training events. Your answers will not be released to anyone and will remain anonymous. Your name will not be written on the questionnaire or be kept in any other records. All responses you provide for this study will remain confidential.

When the results of the questionnaire are reported, you will not be identified by name or any other information that could be used to infer your identity. Only SAMHSA and its grantee will have access to view any data collected. Your participation is voluntary and you may withdraw from completing this questionnaire at any time you wish or skip any question you don’t feel like answering.

Your refusal to participate will not result in any penalty or loss of benefits to which you are otherwise entitled.

The following questions are designed to assess the quality of today’s event.

1. How satisfied were you with the overall quality of this event?

Very Satisfied

Satisfied

Neutral

Dissatisfied

Very Dissatisfied

1. I expect this event to benefit me and/or my community.

Strongly Agree

Agree

Neutral

Disagree

Strongly Disagree

1. I expect this event will improve my ability to work effectively.

Strongly Agree

Agree

Neutral

Disagree

Strongly Disagree

1. I would recommend this event to a friend/colleague.

Yes

No

**Open ended questions**

1. What about the event was most useful to you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. How could this event be improved? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In order for SAMHSA to continuous improve its training programs, it is important that we know a bit about those we are currently serving. Your reply to these demographic questions will help SAMHSA to improve its technical assistance programs. Please note that your responses will be reported in aggregate.

1. What do you consider yourself to be?

Male

Female

Transgender (Male to Female)

Transgender (Female to Male)

Gender non-conforming

Other (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prefer not to answer

1. Are you Hispanic, Latino/a, or Spanish origin?

Yes

No

Prefer not to answer

*[IF YES]* What ethnic group do you consider yourself? You may indicate more than one.

Central American

Cuban

Dominican

Mexican

Puerto Rican

South American

Other (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_

Prefer not to answer

1. What is your race? You may indicate more than one.

Black or African American

White

American Indian

Alaska Native

Asian Indian

Chinese

Filipino

Japanese

Korean

Vietnamese

Other Asian

Native Hawaiian

Guamanian or Chamorro

Samoan

Other Pacific Islander

Other (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_

Prefer not to answer

1. Do you think of yourself as…

Straight Or Heterosexual

Homosexual (Gay Or Lesbian)

Bisexual

Queer, Pansexual, And/Or Questioning

Asexual

Something Else? Please Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prefer not to answer

1. Please select the best category that describes your community (Select one or more):

Metropolitan or Suburban Community (*communities located in a city or town*)

Tribal Community (*any American Indian or Alaska Native tribe, band, nation, pueblo, village, or community*)

Rural or Frontier Community (*sparsely populated areas that are geographically isolated from population centers and services, usually has few homes or other buildings, and not very many people*)

Unknown

Another: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What is the highest degree you have received? (Select one):

Less than 12th Grade

12th Grade/High School Diploma/Equivalent

Vocational/Technical (Voc/Tech) Diploma

Some College or University

Bachelor’s Degree (For example: BA, BS)

Graduate Work/Graduate Degree

Other (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prefer not to answer

1. What is your primary occupation/profession? (Select one):

Addictions Professional

Psychiatrist

Psychologist

Counselor/therapist (all types)

Social Worker

Recovery coach

Peer recovery specialist

Prevention specialist

Case manager/care coordinator

Clinical supervisor

Faith leader

Community Health Worker/Educator/Health Educator

Criminal Justice/Law Enforcement Professional

Public or Business Administrator

Researcher

Physician

Physician Assistant

Pharmacist

Nurse/Nurse Practitioner

Advance Practice Registered Nurse

Midwife

Faith Leader

Teacher/educator

Dentist

Student

i. Full-time \_\_\_\_\_

ii.Part-time (not working) \_\_\_\_\_

iii.Part-time (working)\_\_\_\_\_

Business owner

Rural worker or Farmer

Family member/caregiver

Retired

Another (please specify):

1. If you are a Student, what is your primary field of study? (*If Not a Student SKIP this question)*

Addiction Medicine

Counseling

Criminal Justice/Law Enforcement

Medicine (general or residency)

Nursing (general or registered nurse)

Nursing Practitioner

Peer or Recovery Specialist

Pharmacy

Physician Assistant

Prevention science

Psychiatry

Psychology

Public Health (Master’s or PhD)

Recovery Coach

Social Work

Certification program

Another (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Which of the following best describes your principal employment setting? (Select one):

State/county/jurisdiction/territorial/tribal government

Substance use disorder treatment program

Substance use prevention program

Community recovery support program

Group home

Transitional/supported living facility

Mental health clinic or treatment program (Community mental health program)

Community health/Community health coalition

Community coalition

Primary care

Federally Qualified Health Centers (FQHC)

Hospital

State or private psychiatric hospital

Aging Services Network

Skilled nursing facility

Criminal justice/corrections (court, prison, jail, prison/probation, TASC)

Military/VA

Higher education setting

Elementary or secondary education setting

Community-based organization (including faith-based organizations)

Self-employed (any type of business)

Farm or rural establishment

Family-run or consumer-run organization

Homecare

Shelter

Government

Other (please specify):

1. What is the ZIP Code of your principal employment setting or school (if you are a student)?

**Thank you for completing our survey.**

*Return your survey to the Survey Administrator for your Session.*