

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-xxxx.

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)

Grant ID:

Event Code:

Participant ID: [Assigned random 9 digit number]

All questions are optional.

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

- ☐ Very Satisfied
- ☐ Satisfied
- ☐ Neutral
- ☐ Dissatisfied
- ☐ Very Dissatisfied

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

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree

3. If you are a practicing healthcare provider, counsellor, preventionist, social worker, educator or work in the criminal justice/law enforcement field (if not SKIP this question) I expect this event will improve my ability to work effectively.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree

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

- ☐ Yes
- ☐ No

Open ended questions

5. What about the event was most useful to you? _____

6. How could this event be improved? _____

7. 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):

8. 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)

Personal Code: _____

- ☐ Recovery Coach
- ☐ Social Work
- ☐ Certification program
- ☐ Another (please specify): _____

9. 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): _____

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

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11. What is your sex??

- ☐ Male
- ☐ Female

12. 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

13. 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

14. 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: _____

Personal Code:_____

15. 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

Thank you for completing our survey.

Return your survey to the Survey Administrator for your Session.