**SBIRT Health Professions Training Survey: Baseline**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ***Please base your answer on how you feel about the session now.*** | **Very****Satisfied** | **Satisfied** | **Neutral** | **Dissatisfied** | **Very****Dissatisfied** | **Not Applicable** |
| 1. | How satisfied are you with the overall quality of this training? | 1 | 2 | 3 | 4 | 5 | 6 |
| 2. | How satisfied are you with the quality of the instruction? | 1 | 2 | 3 | 4 | 5 | 6 |
|  3. | How satisfied are you with the quality of the training materials? | 1 | 2 | 3 | 4 | 5 | 6 |
| 4. | Overall, how satisfied are you with your training experience? | 1 | 2 | 3 | 4 | 5 | 6 |
|  |  |  |  |  |  |  |  |
| ***Please indicate your agreement with these statements about the training.*** | **Strongly****Agree** | **Agree** | **Neutral** | **Disagree** | **Strongly****Disagree** | **Not** **Applicable** |
| 5. | The training class was well organized. | 1 | 2 | 3 | 4 | 5 | 6 |
| 6. | The material presented in this class will be useful to me in dealing with substance abuse. | 1 | 2 | 3 | 4 | 5 | 6 |
| 7. | The instructor was knowledgeable about the subject matter. | 1 | 2 | 3 | 4 | 5 | 6 |
| 8. | The instructor was well prepared for the course. | 1 | 2 | 3 | 4 | 5 | 6 |
| 9. | The instructor was receptive to participant comments and questions. | 1 | 2 | 3 | 4 | 5 | 6 |
| 10. | I am currently effective when working in this topic area. | 1 | 2 | 3 | 4 | 5 | 6 |
| 11. | The training enhanced my skills in this topic area. | 1 | 2 | 3 | 4 | 5 | 6 |
| 12. | The training was relevant to my career. | 1 | 2 | 3 | 4 | 5 | 6 |
| 13. | I expect to use the information gained from this training. | 1 | 2 | 3 | 4 | 5 | 6 |
| 14. | I expect this training to benefit my patients. | 1 | 2 | 3 | 4 | 5 | 6 |
| 15. | This training was relevant to helping patients with substance misuse or use disorders. | 1 | 2 | 3 | 4 | 5 | 6 |
| 16. | I would recommend this training to a colleague. | 1 | 2 | 3 | 4 | 5 | 6 |
|  |  |  |  |  |  |  |  |
|  |  | **Very****Useful** | **Useful** | **Neutral** | **Useless** | **Not****Applicable** |  |
| 17. | How useful was the information you received from the instructor? | 1 | 2 | 3 | 4 | 5 |  |

1. Please indicate which title best describes you:

\_\_\_ Medical Student

\_\_\_ Medical Resident

\_\_\_ Dental Student

\_\_\_ Dental Resident

\_\_\_ Nursing Student

\_\_\_ Dental Hygiene Stud.

\_\_\_ Physician

\_\_\_ Physician Assistant

\_\_\_ Nurse

\_\_\_ APRN

\_\_\_ Pharmacist

\_\_\_ Pharmacy Student

\_\_\_ Teaching Faculty

\_\_\_ Preceptor

\_\_\_ Clinical Supervisor

1. If you are a student, what year of the program are you currently in? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Please indicate which best describes your agency or affiliation:

\_\_\_ University or other higher education institution \_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What is your gender? \_\_\_ Male \_\_\_ Female \_\_\_ Transgender

***Please turn over to complete the survey.***

1. Are you Hispanic or Latino? \_\_\_ Yes \_\_\_ No
2. What is your race (Mark all that apply)?

\_\_\_ Black or African American

\_\_\_ Alaska Native

\_\_\_ Asian

\_\_\_ American Indian

\_\_\_ Native Hawaiian or Other Pacific Islander

\_\_\_ White

1. Have you received any SBIRT training in the past? \_\_\_\_ No \_\_\_\_ Yes. If yes, please describe your past training experience:

|  |
| --- |
| 1.
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| --- |
| 1. What about the training was most useful in preparing you for your work?
 |
| 1. How can we improve the training to better suit your needs?
 |

***Thank you for completing this survey.***