**SBIRT Health Professions Training Survey: Follow-up**

***This survey relates to the SBIRT Training you received on DATE***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ***Please base your answer on how you feel about the SBIRT Training 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. | This training was relevant to treating patients with substance use disorders. | 1 | 2 | 3 | 4 | 5 | 6 |
| 6. | The material presented in this class has been useful to me in dealing with substance abuse. | 1 | 2 | 3 | 4 | 5 | 6 |
| 7. | The training enhanced my skills in this topic area. | 1 | 2 | 3 | 4 | 5 | 6 |
| 8. | The training was relevant to my career. | 1 | 2 | 3 | 4 | 5 | 6 |
| 9. | The training has enabled me to serve my clients better. | 1 | 2 | 3 | 4 | 5 | 6 |
| 10. | I would recommend this training to a colleague. | 1 | 2 | 3 | 4 | 5 | 6 |
|  |  |  |  |  |  |  |  |
|  |  | **Very****Useful** | **Useful** | **Neutral** | **Useless** | **Not****Applicable** |  |
| 11. | How useful was the information you received during the training? | 1 | 2 | 3 | 4 | 5 |  |
|  |  |  |  |  |  |  |  |
|  |  | **Yes** | **No** | **Not****Applicable** |  |  |  |
| 12. | Did you share any of the information from this training with others? | 1 | 2 | 3 |  |  |  |
| 13. | Did you share any of the materials from this training with others? | 1 | 2 | 3 |  |  |  |
| 14. | Have you applied any of what you learned in the training to your work? | 1 | 2 | 3 |  |  |  |

How many patients have you spoken with in the past 30 days about alcohol, drugs or tobacco? \_\_\_alcohol \_\_\_drugs \_\_\_tobacco

1. What about the training was most useful in supporting your work responsibilities?
2. How can we improve the training to better suit your needs?

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