Form Approved

OMB NO. 0930-xxxx

Exp. Date xx/xx/xxxx

# 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)

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

Please print clearly in the boxes below using blue or black ink. Print only one number or letter in each space. Uppercase letters only. **Provide the last 3 digits of your personal zipcode; last 4 digits of your phone number; 2 digit birth year; first 3 letters of preferred name.**

**Personal Code (please use uppercase letters): Ex.** **734036172BRI**

**Provide unique identifying instructions (12 characters)**

**\_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_**

**LAST 3 ZIPCODE LAST 4 DIGITS PH NO. BIRTH YR FIRST 3 PREFERRED NAME**

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)?
2. 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. 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

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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Thank you for completing our survey.**

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