Form Approved

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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 per response 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 15E57B, 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 0930-0383.

## Protocol for New GPRA Process for all TTA Programs

The Training ann Technical Assistance programs are SAMHSA progams 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.

GPRA Follow-up Form (GPRA-FU): (aka the 30-day follow-up)

* This form will collect follow-up data for events lasting at least 3 hours (or more) in length.
* This form will collect information on application and usefulness of the information gained during the TTA 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 square. Uppercase letters only.

**Personal Code (please use uppercase letters):**

|  |  |  |  |
| --- | --- | --- | --- |
| First letter in mother’s first name: |  | First letter in mother’s maiden name: |  |
| First digit of Social Security number: |  | Last digit of Social Security number: |  |

1. What is your gender?
	1. Female
	2. Male
	3. Transgender
	4. None of these
2. What is your race? (Select one or more):
	1. American Indian or Alaska Native
	2. Asian
	3. Black or African American
	4. Hispanic or Latino
	5. Native Hawaiian or Other Pacific Islander
	6. White
3. If the event targeted **community members**, please select the best cathegory that describes your community:
	1. Urban Community
	2. Urban Tribal Communiy
	3. Suburban Comunity
	4. Tribal Community
	5. Rural Community
	6. Fronteir
	7. Unknown

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What is the highest degree you have received? (Select one):
	1. Less than high school
	2. High school diploma or equivalent (GED)
	3. Some college, but no degree
	4. Associate’s degree
	5. Bachelor’s degree
	6. Master’s degree
	7. Doctor of Pharmacy (PharmD)
	8. Doctor of Medicine or Doctor of Osteopathy
	9. Other Doctoral degree or Equivalent (e.g., PhD, EdD, DPT)
	10. Other, please specify:
2. What is your primary occupation/profession? (Select one):
	1. Addictions Professional
	2. Psychiatrist
	3. Psychologist
	4. Counselor
	5. Social Worker
	6. Recovery specialist
	7. Peer professional
	8. Criminal justice/law enforcement professional
	9. Community health worker
	10. Health educator
	11. Educator
	12. Public or Business Administrator
	13. Researcher
	14. Physician
	15. Physician Assistant
	16. Nurse
	17. Pharmacist
	18. Advance Practice Registered Nurse
	19. Nurse Practitioner
	20. Nurse Midwife
	21. Dentist
	22. Student

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

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

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

* 1. Business owner
	2. Rural worker of farmer
	3. I am family member/caregiver not employed outside of the home
	4. I am a family member/caregiver that is employed in none of these settings
	5. Other (please specify):
1. **If you are a Student**, what is your primary field of study? (***If Not a Student SKIP this question)***
	1. Addiction Medicine
	2. Counseling
	3. Criminal justice/law enforcement
	4. Medicine (general)
	5. Medicine Residency
	6. Nursing (general or registered nurse)
	7. Nursing practitioner
	8. Peer professional
	9. Pharmacy
	10. Phisician Assistant
	11. Psychiatry
	12. Psychology
	13. Public Health (Masters or PhD)
	14. Recovery specialist
	15. Social Work
	16. Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. What is your principal employment setting? (Select one):
	1. Substance use disorder treatment program
	2. Substance use disorder prevention program
	3. Community recovery support program
	4. Group home
	5. Transitional/supported living facility
	6. Mental health clinic or treatment program (Community mental health program)
	7. Community health/Community health coalition
	8. Primary care
	9. Solo practice
	10. Group practice
	11. Hospital
	12. FQHC hospital
	13. State psychiatric hospital
	14. Skilled nursing facility
	15. Criminal justice/corrections (court, prison, jail, prison/probation, TASC)
	16. Military/VA
	17. Higher education setting
	18. Elementary or secondary education setting
	19. Community-based organization (including faith-based organizations)
	20. Community coalition
	21. Self employed (any type of bisiness)
	22. Farm or rural establishmet
	23. Other (please specify):
3. What is the ZIP Code of your principal employment setting, school or community you live?
4. How satisfied were you with the overall quality of this event?
	1. Very Satisfied
	2. Satisfied
	3. Neutral
	4. Dissatisfied
	5. Very Dissatisfied
5. I expect this event to benefit my personal or professional development and/or practice.
	1. Strongly Agree
	2. Agree
	3. Neutral
	4. Disagree
	5. Strongly Disagree
6. The information gained from this event will be important to help my family and my community or improve/change my ability to practice.
	1. Strongly Agree
	2. Agree
	3. Neutral
	4. Disagree
	5. Strongly Disagree
7. I would recommend this event to a friend/colleague.
	1. Yes
	2. No

**Personal Code (please use uppercase letters):**

|  |  |
| --- | --- |
| First letter in mother’s first name: |  |
| First letter in mother’s maiden name: |  |
| First digit of Social Security number: |  |
| Last digit of Social Security number: |  |

**Thank you for completing our survey.**

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