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 square. Uppercase letters only.

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

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

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

**M M / D D ZIPCODE FIRST 3 LAST NAME**

1. What is your gender?

Male

Female

Transgender

Other (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Refused

*[IF Yes to Transgender]* Do you consider yourself to be?

Transgender, male to female

Transgender, female to male

Transgender, gender nonconforming

1. Are you Hispanic, Latinio/a,or Latinx?

Yes

No

What is your race? (Select one or more)

* 1. Black or African American
  2. White
  3. American Indian or Alaska Native
  4. Asian Asian
  5. Chinese
  6. Filipino
  7. Japanese
  8. Korean
  9. Vietnamese
  10. Other Asian
  11. Native Hawaiian
  12. Guamanian or Chamorro
  13. Samoan
  14. Other Pacific Islande

1. What is your date of birth?\*

|\_\_\_\_|\_\_\_\_| / |\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|  
 Month Year

1. What is your sexual orientation?
   1. Straight Or Heterosexual
   2. Gay Or Lesbian
   3. Bisexual
   4. Queer, Pansexual, And/Or Questioning
   5. Something Else? Please Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   6. Refused
2. Please select the best category that describes your community:
   1. Urban or Suburban Community (*communities locates in a city or town*)
   2. Tribal Community (*any American Indian or Alaska Native tribe, band, nation, pueblo, village, or community*)
   3. Rural or Fronttier 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*)
   4. Unknown
   5. Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. 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. Doctorate or equivalent (e.g., PhD, EdD, DPT)
   8. Other, please specify:
4. 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 or recovery specualist
   8. Community health worker/Educator/Health educator
   9. Criminal justice/law enforcement professional
   10. Public or business administrator
   11. Researcher
   12. Physician
   13. Physician assistant
   14. Pharmacist
   15. Nurse/Nurse practitioner
   16. Advance practice registered nurse
   17. Midwife
   18. Dentist
   19. Student

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

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

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

* 1. Business owner
  2. Rural worker or farmer
  3. I am a family member/caregiver
  4. I am retired
  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 or residency)
   5. Nursing (general or registered nurse)
   6. Nursing practitioner
   7. Peer professional
   8. Pharmacy
   9. Physician assistant
   10. Prevention specialist
   11. Psychiatry
   12. Psychology
   13. Public health (Master’s 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. FQHC
   10. Hospital
   11. State or private psychiatric hospital
   12. Skilled nursing facility
   13. Criminal justice/corrections (court, prison, jail, prison/probation, TASC)
   14. Military/VA
   15. Higher education setting
   16. Elementary or secondary education setting
   17. Community-based organization (including faith-based organizations)
   18. Self-employed (any type of business)
   19. Farm or rural establishment
   20. Homecare
   21. Shelter
   22. Other (please specify):
3. What is the ZIP Code of your principal employment setting or school (if you are a sudent)?
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 me and my community.
   1. Strongly Agree
   2. Agree
   3. Neutral
   4. Disagree
   5. Strongly Disagree
6. If you are a practicing healthcare provider (if not SKIP this question)- I expect this event will improve my ability to practice effectively.
   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

**Open ended questions**

1. How could this event be improved? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Thank you for completing our survey.**

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