

IDPH Prevention Training Questions

Thank you for agreeing to complete the Iowa Department of Public Health Substance Abuse Prevention Community-level Training Evaluation. In order to ensure a high quality of information and consistency across Iowa, IDPH is asking all training participants to take this brief 10 minute survey. The survey questions focus on your satisfaction with the training content, your understanding of the content, and your plans for using training skills and knowledge in your future work. Your responses will be kept confidential. Participation is voluntary and includes no personal questions beyond information you would provide in your normal work setting. There is no penalty for non-completion, and you may stop at any time. All reports or presentations using this data will be in aggregate and your identifying information will remain confidential. There are no known risks to participating.

1. Date the training was completed
2. Which county do you spend the most time in for work?
3. Training Name:

Primary Prevention Strategies to Address Opioid Use at the Community Level
 Psychostimulants: The Vital Information for Iowa's Frontline
 The Connection of SUD and Increases in HIV, STIs and Hep C in Iowa
 Trauma-Informed Adverse Childhood Experiences (ACES) for First Responders
 Stigma Associated with Substance Use Disorders
 Alternatives for Pain Management
 Drug Overdose Trends and Prevention of Methamphetamine and Opioids
 Other

4. Which option best describes the field you currently work in?
 Emergency Services:

Firefighter
 Paramedic
 Emergency Medical Technician
 Law Enforcement
 Department of Natural Resources
 Police
 County Sheriff
 State Patrol
 University/Campus Police
 Other

Health Care:

DO, MD
 Nurse Practitioner
 Physician Assistant
 Nurse (BSN, RN, LPN)
 Administrator
 Aide (CNA, CMA)
 Office Staff
 Other

Substance Abuse Prevention
 Other :

Business
 Civic/Volunteer Group
 Coalition Partner
 Community Member
 County Public Health
 Elected Official
 Media
 Military
 Parent/Caregiver
 School
 Social Service Provider
 Treatment
 Youth

5. How satisfied are you with the overall quality of this training?
6. How satisfied are you with the quality of the training materials?
7. Overall, how satisfied are you with your training experience?

Very Satisfied Satisfied Neutral Dissatisfied Very Dissatisfied

8. The instructor was knowledgeable about the subject matter.
9. The instructor was well prepared for the course.
10. The instructor was receptive to participant comments and questions.
11. The training enhanced my skills in this topic area.
12. I expect to use the information gained from this training.
13. I would recommend this training to a colleague.

Strongly Agree Agree Neutral Disagree Strongly Disagree

14. Optional: Contact Information

Name:

Email: