

CHIRS/TEACH – Module and Course Evaluations

Adapting Substance Use Treatment for People with Acquired Brain Injury

INSERT DATES OF COURSE

We would like your opinions about the content areas we have covered during this online course. Your feedback is important to us. **Note that participation is anonymous.** Click "Answer the questions..." below to begin the questionnaire.

MODULE EVALUATIONS

Demographic information:

Do you currently have any clinical contact with clients/patients?

Note: Clinical contact refers to direct contact for the purpose of providing care or treatment

- Yes
- No
- Unsure

What is your occupation? (Please select one discipline that best reflects your professional affiliation.)

- | | |
|--|--|
| <input type="radio"/> Aboriginal Health Worker | <input type="radio"/> Occupational Therapist |
| <input type="radio"/> Addiction Counsellor | <input type="radio"/> Pharmacist |
| <input type="radio"/> Advanced Practice Nurse/Clinician | <input type="radio"/> Physiotherapist |
| <input type="radio"/> Board Member/Volunteer | <input type="radio"/> Practitioner of Natural Healing |
| <input type="radio"/> Case Manager/Public Health Nurse | <input type="radio"/> Psychologist |
| <input type="radio"/> Chiropractor | <input type="radio"/> Registered Nurse |
| <input type="radio"/> Community Health Worker | <input type="radio"/> Registered Practical Nurse |
| <input type="radio"/> Dental assistant | <input type="radio"/> Registered Psychotherapist |
| <input type="radio"/> Dental Hygienist or Dental Therapist | <input type="radio"/> Researcher |
| <input type="radio"/> Dentist | <input type="radio"/> Respiratory Therapist, Clinical
Perfusionist or Asthma Educator |
| <input type="radio"/> Dietitian or Nutritionist | <input type="radio"/> Senior Administrator |
| <input type="radio"/> General practitioner/Family
Physician | <input type="radio"/> Social Worker |
| <input type="radio"/> Health promoter/Educator | <input type="radio"/> Specialist Physician |
| <input type="radio"/> Manager/Coordinator | <input type="radio"/> Support/Administrative Staff |
| <input type="radio"/> Midwife | <input type="radio"/> Tobacco Quit Specialist |
| <input type="radio"/> Nurse Practitioner | <input type="radio"/> Other |

You have indicated your current occupation as "Other". Please specify: _____

To date, how many years have you been providing substance use treatment?

- Over 10 yrs

- 6 – 10 yrs
- 2 - 5 yrs
- 1 year or less
- I have never worked in a clinical practice capacity

Module One: Evaluation

Module Evaluation

Please select your course facilitator: INSERT NAME OF FACILITATOR

Please rate the various components of the course as they relate to the facilitation of this module (Indicate your answer by checking your response):

Item	Facilitator	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Not applicable
a.	The facilitator used inclusive language	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b.	The facilitator's responses to questions were helpful/constructive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c.	The facilitator encouraged discussion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d.	Disclosure of potential conflicts of interest were clearly communicated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e.	The facilitator was balanced (i.e., all options and points of view are given impartially with appropriate evidence) and unbiased	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please provide any additional comments on the facilitator for this course:

*relationship between
acquired brain injury and
substance use disorder.*

Please provide any additional comments on the content of this section:

Please estimate how long it took you to complete this module (this includes reading through course screens, discussion boards, and completing course activities):

- Less than 1 hour
- 1-2 hours
- 2-3 hours
- 3-4 hours
- 4-5 hours
- More than 5 hours
- Other

You selected "Other". Please specify how long it took you to complete this module (this includes reading through course screens, discussion boards, and completing course activities):

Overall, I rate this module as...

- Very good
- Good
- Moderate
- Poor
- Very poor
- Unsure

Thank you

Thank you for taking the time to complete this evaluation form!

Your feedback is important to us and will help us to continuously improve our training program.

Module Two: Model of Care

Module Evaluation

Please select your course facilitator: **INSERT NAME OF FACILITATORS**

Please rate the various components of the course as they relate to the facilitation of this module (Indicate your answer by checking your response):

Item	Facilitator	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Not applicable
q.	The facilitator used inclusive language	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
r.	The facilitator's responses to questions were helpful/constructive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
s.	The facilitator encouraged discussion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
t.	Disclosure of potential conflicts of interest were clearly communicated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
u.	The facilitator was balanced (i.e., all options and points of view are given impartially with appropriate evidence) and unbiased	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please provide any additional comments on the facilitator for this course:

Please rate the various components of the course as they relate to the content of this module (Indicate your answer by checking your response):

Item	Content	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Not applicable
------	---------	----------------	-------	---------	----------	-------------------	----------------

v.	The content was well-organized	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
w.	The content included up-to-date / evidence-based material	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
x.	The content was relevant to my work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
y.	There were adequate opportunities to interact with my peers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
z.	The material presented accommodated my learning style (e.g. visual, auditory, hands-on)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
aa.	Content was balanced (i.e., all options and points of view are given impartially with appropriate evidence) and unbiased	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
bb.	Readings were useful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
cc.	Resources were helpful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
dd.	Allowed for re-examination of professional practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ee.	I will use the information I learned in my practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ff.	Learning objective was met: <i>Apply a model of substance use disorder care for persons with acquired brain injury.</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please provide any additional comments on the content of this section:

Please estimate how long it took you to complete this module (this includes reading through course screens, discussion boards, and completing course activities):

- Less than 1 hour
- 1-2 hours
- 2-3 hours
- 3-4 hours
- 4-5 hours
- More than 5 hours
- Other

You selected "Other". Please specify how long it took you to complete this module (this includes reading through course screens, discussion boards, and completing course activities):

Overall, I rate this module as...

- Very good
- Good
- Moderate
- Poor
- Very poor
- Unsure

Thank you for taking the time to complete this evaluation form!
Your feedback is important to us and will help us to
continuously improve our training program.

Module Three: Supporting Clients with Cognitive Impairment

Module Evaluation

Please select your course facilitator: INSERT NAME OF FACILITATORS

Please rate the various components of the course as they relate to the facilitation of this module (Indicate your answer by checking your response):

Item	Facilitator	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Not applicable
gg.	The facilitator used inclusive language	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
hh.	The facilitator's responses to questions were helpful/constructive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ii.	The facilitator encouraged discussion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
jj.	Disclosure of potential conflicts of interest were clearly communicated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
kk.	The facilitator was balanced (i.e., all options and points of view are given impartially with appropriate evidence) and unbiased	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please provide any additional comments on the facilitator for this course:

Please rate the various components of the course as they relate to the content of this module (Indicate your answer by checking your response):

Item	Content	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Not applicable
------	---------	----------------	-------	---------	----------	-------------------	----------------

ll.	The content was well-organized	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
mm.	The content included up-to-date / evidence-based material	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
nn.	The content was relevant to my work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
oo.	There were adequate opportunities to interact with my peers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
pp.	The material presented accommodated my learning style (e.g. visual, auditory, hands-on)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
qq.	Content was balanced (i.e., all options and points of view are given impartially with appropriate evidence) and unbiased	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
rr.	Readings were useful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ss.	Resources were helpful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
tt.	Allowed for re-examination of professional practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
uu.	I will use the information I learned in my practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
vv.	Learning objective was met: <i>Apply a model of substance use disorder care for persons with acquired brain injury.</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ww.	Learning objective was met: <i>Identify basics of cognitive accommodation.</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please provide any additional comments on the content of this section:

Please estimate how long it took you to complete this module (this includes reading through course screens, discussion boards, and completing course activities):

- Less than 1 hour
- 1-2 hours
- 2-3 hours
- 3-4 hours
- 4-5 hours
- More than 5 hours
- Other

You selected "Other". Please specify how long it took you to complete this module (this includes reading through course screens, discussion boards, and completing course activities):

Overall, I rate this module as...

- Very good
- Good
- Moderate
- Poor
- Very poor
- Unsure

Thank you for taking the time to complete this evaluation form!
Your feedback is important to us and will help us to
continuously improve our training program.

Module Four: Implementation

Module Evaluation

Please select your course facilitator: **INSERT NAME OF FACILITATORS**

Please rate the various components of the course as they relate to the facilitation of this module (Indicate your answer by checking your response):

Item	Facilitator	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Not applicable
xx.	The facilitator used inclusive language	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
yy.	The facilitator’s responses to questions were helpful/constructive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
zz.	The facilitator encouraged discussion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
aaa.	Disclosure of potential conflicts of interest were clearly communicated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
bbb.	The facilitator was balanced (i.e., all options and points of view are given impartially with appropriate evidence) and unbiased	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please provide any additional comments on the facilitator for this course:

Item	Content	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Not applicable
------	---------	----------------	-------	---------	----------	-------------------	----------------

ccc.	The content was well-organized	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ddd.	The content included up-to-date / evidence-based material	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
eee.	The content was relevant to my work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
fff.	There were adequate opportunities to interact with my peers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ggg.	The material presented accommodated my learning style (e.g. visual, auditory, hands-on)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
hhh.	Content was balanced (i.e., all options and points of view are given impartially with appropriate evidence) and unbiased	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
iii.	Readings were useful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
jjj.	Resources were helpful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
kkk.	Allowed for re-examination of professional practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
lll.	I will use the information I learned in my practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
mmm.	Learning objective was met: <i>Design a program for substance use disorder for persons with acquired brain injury.</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please provide any additional comments on the content of this section:

Please estimate how long it took you to complete this module (this includes reading through course screens, discussion boards, and completing course activities):

- Less than 1 hour
- 1-2 hours
- 2-3 hours
- 3-4 hours
- 4-5 hours
- More than 5 hours
- Other

You selected "Other". Please specify how long it took you to complete this module (this includes reading through course screens, discussion boards, and completing course activities):

Overall, I rate this module as...

- Very good
- Good
- Moderate
- Poor
- Very poor
- Unsure

Thank you for taking the time to complete this evaluation form!
Your feedback is important to us and will help us to
continuously improve our training program.

SUMMATIVE COURSE EVALUATION

Adapting Substance Use Treatment for People with Acquired Brain Injury

INSERT DATES OF COURSE

We would like your opinions about the content areas we have covered during this online course. Your feedback is important to us. **Note that participation is anonymous.**

Click "Answer the questions..." below to begin the questionnaire.

1. **Demographic Information:**

Do you currently have any clinical contact with clients/patients? (*Note: Clinical contact refers to direct contact for the purpose of providing care or treatment*)

- Yes
- No
- Unsure

2. What is your occupation? (Please select one discipline that best reflects your professional affiliation.)

- | | |
|--|--|
| <input type="radio"/> Aboriginal Health Worker | <input type="radio"/> Occupational Therapist |
| <input type="radio"/> Addiction Counsellor | <input type="radio"/> Pharmacist |
| <input type="radio"/> Advanced Practice Nurse/Clinician | <input type="radio"/> Physiotherapist |
| <input type="radio"/> Board Member/Volunteer | <input type="radio"/> Practitioner of Natural Healing |
| <input type="radio"/> Case Manager/Public Health Nurse | <input type="radio"/> Psychologist |
| <input type="radio"/> Chiropractor | <input type="radio"/> Registered Nurse |
| <input type="radio"/> Community Health Worker | <input type="radio"/> Registered Practical Nurse |
| <input type="radio"/> Dental assistant | <input type="radio"/> Registered Psychotherapist |
| <input type="radio"/> Dental Hygienist or Dental Therapist | <input type="radio"/> Researcher |
| <input type="radio"/> Dentist | <input type="radio"/> Respiratory Therapist, Clinical
Perfusionist or Asthma Educator |
| <input type="radio"/> Dietitian or Nutritionist | <input type="radio"/> Senior Administrator |
| <input type="radio"/> General practitioner/Family
Physician | <input type="radio"/> Social Worker |
| <input type="radio"/> Health promoter/Educator | <input type="radio"/> Specialist Physician |
| <input type="radio"/> Manager/Coordinator | <input type="radio"/> Support/Administrative Staff |
| <input type="radio"/> Midwife | <input type="radio"/> Tobacco Quit Specialist |
| <input type="radio"/> Nurse Practitioner | <input type="radio"/> Other |

3. If other please specify : _____

4. To date, how many years have you been providing substance use treatment?

- Over 10 yrs
- 6 – 10 yrs
- 2 - 5 yrs
- 1 year or less
- I have never worked in a clinical practice capacity

5. Please select your course facilitator: **INSERT NAME OF FACILITATORS**

6. TEACH Support

Please rate the following as it relates to the administrative support provided (*Indicate your response by checking your answer*):

Item	Environment & Support	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Not applicable
a.	Administration by TEACH staff was efficient	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b.	Any additional accommodations that I identified were addressed & met satisfactorily	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. Any comments about the administrative support provided?:

8. Interprofessional Collaboration:

Please rate the following as it relates to whether or not interprofessional collaboration was supported (*Indicate your response by checking your answer*):

Item	Interprofessional Collaboration	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Not applicable
------	---------------------------------	----------------	-------	---------	----------	-------------------	----------------

d.	A positive learning environment was fostered	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e.	This training met my learning needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f.	This training increased my awareness of other organizations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g.	This training will enhance my professional practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h.	The course was useful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i.	I would recommend this course to others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. For my experience level, the TEACH training was ...

- Very advanced
- Advanced
- About right
- Basic
- Very basic
- Unsure

12. Did you perceive any degree of bias in any part of the program?

- Yes
- No
- No answer

13. If you perceived any degree of bias in any part of the program, please elaborate:

14. The program will encourage me to consider changes in my current practice

- Yes
- No
- No answer

15. If no, the program will not encourage me to consider changes in my current practice because:

- I do not see the need to make changes to my current practice.
- I am thinking about changes and have the necessary resources but not ready to make them yet.
- I am already implementing recommended practices.
- The information was not relevant to me.
- I do not have the required resources to implement these changes.

16. Some changes the program has encouraged me to consider are:

Please identify the **top 3** topic areas that you would be interested in gaining more knowledge in.

- | | |
|---|--|
| <input type="checkbox"/> acute care settings | <input type="checkbox"/> groups |
| <input type="checkbox"/> alcohol | <input type="checkbox"/> harm reduction/reduce to quit |
| <input type="checkbox"/> alternative treatments | <input type="checkbox"/> health behaviour change |
| <input type="checkbox"/> brief interventions | <input type="checkbox"/> implementation |
| <input type="checkbox"/> cannabis | <input type="checkbox"/> individual counselling |
| <input type="checkbox"/> chronic disease | <input type="checkbox"/> LGBTTTQQ |
| <input type="checkbox"/> cognitive behavioural therapy | <input type="checkbox"/> men |
| <input type="checkbox"/> complex client | <input type="checkbox"/> mental illness |
| <input type="checkbox"/> contraband (policy & health outcome impacts) | <input type="checkbox"/> mindfulness |
| <input type="checkbox"/> drug interactions | <input type="checkbox"/> motivational interviewing |
| <input type="checkbox"/> e-cigarettes | <input type="checkbox"/> oncology |
| <input type="checkbox"/> elderly | <input type="checkbox"/> oral health |
| <input type="checkbox"/> Environment, Behaviour, Biology (EBB) | <input type="checkbox"/> ottawa model |
| <input type="checkbox"/> First Nations, Inuit, and Métis | <input type="checkbox"/> pain |
| | <input type="checkbox"/> patient compliance |
| | <input type="checkbox"/> pharmacotherapy |

- | | |
|--|-------------------------------------|
| <input type="checkbox"/> policies | <input type="checkbox"/> trauma |
| <input type="checkbox"/> poverty/homeless | <input type="checkbox"/> withdrawal |
| <input type="checkbox"/> relapse prevention | <input type="checkbox"/> women |
| <input type="checkbox"/> smokeless tobacco | <input type="checkbox"/> workplace |
| <input type="checkbox"/> substance use disorders | <input type="checkbox"/> youth |
| <input type="checkbox"/> traditional tobacco | <input type="checkbox"/> other |

17. If you indicated "other" cessation topic areas of interest, please specify:

18. In terms of specific accommodations for physical and/or learning challenges, how could we have improved the course?

19. Do you have any other comments not already addressed?

20. Overall, how would you rate the quality of this training?

- Very high
- High
- Moderate
- Low
- Very low
- Unsure

**Thank you for taking the time to complete this evaluation form!
Your feedback is important to us and will help us to
continuously improve our training program.**