

Narcan Training – Post Survey

Date: _____

The purpose of this survey is to find out about the Narcan training you participated in today and what you learned. This survey is one data collection method we are using to assess the training and distribution of Narcan throughout Wyoming as part of the Wyoming PDO grant. This survey will take approximately 15 minutes to complete. Your participation in this survey is entirely voluntary. You may choose not to answer any or all of the questions, and you may choose to end the survey at any time. The risk to you if you take this survey is minimal and is similar to the risks you encounter as part of your job or community member. Although you may not benefit individually from completing this survey, our training may benefit from the information obtained. Your answers will be kept confidential, and at no time will your name be attached to your answers or to any of the data collected through this survey process.

Please rate how much you agree or disagree with the following statements on a scale of 1 to 5, where 1 means “strongly disagree” and 5 means “strongly agree.”					
	Strongly Disagree				Strongly Agree
	1	2	3	4	5
1. The material was presented in a way that was easy to understand.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. The presenter was knowledgeable about the topic.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I learned new information or skills as a result of my participation in this training.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please rate your levels of confidence with the following statements on a scale of 1 to 5, where 1 means “Not at all” and 5 means “Very Confident.”					
	Not at all confident				Very confident
	1	2	3	4	5
4. I can manage an overdose situation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I can recognize the symptoms of an opioid overdose.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I can recognize the risk factors that increase the possibility of an overdose.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. I can administer Narcan/Naloxone using the procedures I learned in today's training.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I can perform basic life support and follow-up care after administering naloxone.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Have you ever administered Naloxone/Narcan to another person?			
Yes	<input type="radio"/>	No	<input type="radio"/>
Have you received training about Naloxone/Narcan prior to today?			
Yes	<input type="radio"/>	No	<input type="radio"/>

How many years have you been employed in your field? _____		
What agency do you work for currently? _____		
Which one of the following best describes your position?		
<input type="radio"/> Law Enforcement	<input type="radio"/> Emergency Medical Services (EMS)	<input type="radio"/> Fire Department
<input type="radio"/> Physician	<input type="radio"/> Nurse	<input type="radio"/> Community Member
<input type="radio"/> Pharmacist	<input type="radio"/> Mental Health Treatment Provider	<input type="radio"/> Other Healthcare Provider
<input type="radio"/> Substance Use Treatment Staff	<input type="radio"/> Other (please specify): _____	

What would you have liked to learn more or less about today?
