



Prescription Opioid and Stimulant Prevention Toolkit For Rural Youth Parental and Action Training Module

Thank you for participating, please take a few minutes to fill out this survey.

Q1 Please enter the county you live in:

Q2 Please indicate how you received the **Parent Awareness and Action Training Module** presentation:

It was presented to me. (IF SO, please indicate below the organization who provided the presentation AND the date the presentation was given)

I accessed the unnarrated PowerPoint slides on the website and read through the module on my own.

I accessed the narrated PowerPoint slides on the website and listened to the module on my own.

Q3 As a result of attending/viewing **the Parent Awareness and Action Training Module**, I gained more knowledge and understanding about the following topics.

	Yes	Somewhat	No	Unsure
Understanding of why opioids and stimulants are of concern.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Understanding the basics of adolescent development.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identify risks and resilience factors related to opioid and stimulant use in youth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How to recognize signs of opioid and stimulant use in youth.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How to start conversations with youth suspected of using opioids or stimulants.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identify strategies for being an advocate for youth in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q4 As a result of attending/viewing **the Parent Awareness and Action Training Module**, I feel more confident talking about prescription opioids and stimulants to members of my community (e.g. family, friends, co-workers, students, etc.).

Yes

Unsure (Please explain what information you would need to feel confident)





No (please explain) _____

Q5 I plan to take what I learned in **the Parent Awareness and Action Training Module** and apply it to my personal and/or professional life.

- Yes
 - Maybe
 - No
-

Q6 Based on your satisfaction level please rate the following (Please write number in the column. 0 being the lowest satisfaction rating and 10 being the highest satisfaction rating)

0 1 2 3 4 5 6 7 8 9 10

PowerPoint Presentation	
Presentation time	
Educational print materials/handouts	
Public Service Announcement Videos	

Q7 Comments you would like to make about how we could improve **the Parent Awareness and Action Training Module**

Q8 I would recommend **the Parent Awareness and Action Training Module** to someone in my community (e.g. family, friends, co-workers, students, etc.).

Yes

No (if not please explain why)
