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| FR CARA Trainee Follow-up Form |  |

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| Date: / / |

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Thank you for your time. The information gathered below helps improve the response to opioid overdoses within New Mexico communities. You may choose not to answer questions, and all the responses you provide are confidential.

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| **Create a unique ID.** This makes sure the answers are anonymous. |
| First two lettersof first name: | First two letters of mother’s first name: | Birth month (2 digits): | Birth year (**last** 2 digits): |
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| 1 | As a result of the training, I learned new information and skills. | Strongly Agree | Agree | Disagree | Strongly Disagree |
| 2 | This training taught me how COVID-19 will impact my interactions with opioid users.  | Strongly Agree | Agree | Disagree | Strongly Disagree |
| 3 | As a result of the training, I strive harder to interact with patients without stigmatizing them.  | Strongly Agree | Agree | Disagree | Strongly Disagree |
| 4 | I remain confident that I can effectively use the skills I learned in the training to respond to an overdose. | Strongly Agree | Agree | Disagree | Strongly Disagree |
| 5 | I have used the information and skills I learned in the training. | YES NO |
| 6 | I have administered Narcan/naloxone since the training. | YES NO |
| 7 | Please share any recommendations for how the training could be improved or any content that could be further developed. |