

**Please complete the questionnaire below as best that you can according to the instructions from your CAP Facilitator. Information gathered from this assessment will allow for continued improvements to the CAP.**

1. Date:

2. CAP CODE HERE-for internal use, please skip

3. How do you describe yourself? Please check which is best for you.

Female

Male

Other (please specify)

4. How do you describe yourself? Please check which is best for you.

White or Caucasian

Native American

Black or African American

Hispanic or Latino

Asian or Pacific Islander

Other (please specify)

5. Why did you choose to participate in CAP? (Select best answer please)

My faith or religious organization offered the training

My volunteer organization offered the training

My place of employment offered the training

I saw a CAP advertisement and was interested in participation for my own reasons

Other (please specify)

6. Section 1: Substance Use/Misuse

Please select which best described how you felt for each question below:(1= Very Informed 2= Moderately Informed, 3= Neither informed nor uninformed, 4= Had/Have little to no knowledge of this, 5=Totally uninformed)

	1-Very informed	2-Moderately informed	3-Neither informed or uninformed	4-Had/Have little to no knowledge of this	5-Totally uninformed
After this training I feel _____ about the harmful effects of alcohol and other drugs including tobacco, marijuana and inhalants (I learned new information)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Before this training I felt _____ about the harmful effects of alcohol and other drugs including tobacco, marijuana and inhalants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. Section 2: Problem Gambling

Please select which best described how you felt for each question below:(1= Very Informed 2= Moderately Informed, 3= Neither Informed nor uninformed, 4= Had/have little to no knowledge of this, 5=Totally uninformed)

	1-Very informed	2-Moderately informed	3-Neither informed or uninformed	4-Had/have little to no knowledge of this	5-Totally uninformed
After this training I feel _____ about the potentially harmful effects of gambling (I learned new information)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Before this training I felt _____ about the potentially harmful effects of gambling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
After this training I feel _____ about the resources I can share with someone who may have a problem with gambling, about where to get help (I learned new information)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Before this training I feel _____ about the resources I could share with someone who may have a gambling problem, about where to get help.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. Problem Gambling

	Yes	No
After this training I know that gambling can become an addiction for some people	<input type="radio"/>	<input type="radio"/>
Before this training I knew that gambling can become an addiction for some people	<input type="radio"/>	<input type="radio"/>

9. Section 3: Suicide Prevention

(1= Very good, 2= Good, 3= Neither good/nor poor, 4= Poor 5= Had/Have little to no)

	1-Very good	2-Good	3-Neither good nor poor	4-Poor	5-Had/have little to no
After this training I feel that I have _____skills I can use to talk to someone who I think may be having thoughts of suicide about where to get help	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Before this training I had _____skills I could use to talk to someone who I think may be having thoughts of suicide about where to get help	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. Section 4: Mental/Behavioral Health

Please select which best described how you felt for each question below:(1= Very Informed 2= Moderately Informed, 3= Neither Informed nor uninformed, 4= Had/Have little to no knowledge of this, 5= Totally uninformed)

	1-Very informed	2-Moderately informed	3-Neither informed or uninformed	4-Had/have little to no knowledge of this	5-Totally uninformed
After this training I feel I feel I am _____ about the signs and symptoms of mental/behavioral health problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Before this training I felt that I was _____ about the signs and symptoms of mental/behavioral health problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. Section 5: Resources

Please select which best described how you felt for each question below:(1= Very informed 2= Moderately informed, 3= Neither informed nor uninformed, 4= Had/have little to no knowledge, 5= Totally uninformed)

	1-Very informed	2-Moderately informed	3-Neither informed or uninformed	4-Had/have little to no knowledge	5-Totally uninformed
After this training I feel _____ about where I can access resources for someone who may have one or more of the following problems; substance use/misuse, problem gambling, suicide and mental/behavioral health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Before this training I felt _____ about where I could access resources for someone who may have one or more of the following problems; substance use/misuse, problem gambling, suicide and mental/behavioral health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. Comments about Resources:

13. Section 6: Overview

Please select the top 3 topics you learned the most about during CAP

- Substance use/misuse overall
- Inhalants
- Gambling
- Suicide
- Mental/behavioral health
- Local resources

Other (please specify)

14. Please select which best described how you felt for each question below:(1=Strongly Agree, 2=Agree, 3=Neither agree or Disagree, 4=Disagree, 5=Strongly Disagree)

	1-Strongly agree	2-Agree	3-Neither agree or disagree	4-Disagree	5-Strongly disagree
Overall do you feel like you have the <b>knowledge</b> needed to share the information you learned with people in your life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall do you have the <b>skills</b> needed to share the information you learned with people in your life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. Additional comments: (perhaps your favorite part, concerns, suggestions)

Community/Congregation Assistance Program Assessment (CAP) (v.June 2018)

Thank you for taking the time to participate in CAP and complete this assessment of the program