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Best Practices GPRA Follow-up Form-Domestic (GPRA-FU-D)

Public reporting burden for this collection of information is estimated to average 10 minutes per response to complete this questionnaire. Send comments regarding this burden estimate or any other aspect of this collection of information to the Substance Abuse and Mental Health Services Administration (SAMHSA) Reports Clearance Officer, Room 15E57B, 5600 Fishers Lane, Rockville, MD 20857. An agency may not conduct or sponsor and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The control number for this project is 0930-0383.

Personal	Code:	
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Protocol for New GPRA Process for All U.S.-based Best Practices

GPRA Follow-up Form-Domestic (GPRA-FU-D): (aka the 30-day follow-up):

- This form collects follow-up data for events lasting at least 3 hours (or more) in length.
- This form collects information on application and usefulness of the information gained during the Best Practices event.

Personal	Code:

GPRA Follow-up Form-Domestic (GPRA-FU-D)

Event Name: _	
	early in the boxes below using blue or black ink. Print only one number or letter in each case letters only.
Personal Code	e (please use uppercase letters):
First lette	er in mother's first name: First letter in mother's maiden name:
First digit of	Social Security number: Last digit of Social Security number:
1. The in	formation from this event has benefited my professional development and/or practice.
a.	Strongly Agree
b.	Agree
c.	Neutral
d.	Disagree
e.	Strongly Disagree
2. I have	used the information gained from this event to change my practice.
a.	Strongly Agree
b.	Agree
c.	Neutral
d.	Disagree
e.	Strongly Disagree
3. I exped	et to continue using the information from this event in my future work.
a.	Strongly Agree
b.	Agree
c.	Neutral
d.	Disagree
e.	Strongly Disagree
4. I have	shared the information gained from this event with my colleagues.
a.	Yes
	No

5. What about the event was most useful in supporting your work responsibilities?

6.	What has improved in your organization/practice because of this event?			
7.	How can we improve our events?			
8.	If you made a change to your practice as a result of this event, please describe briefly.			
9.	What topics would you like to see us offer?			
10. What learning format for the events would you suggest to be offered?				
Person	al Code (please use uppercase letters):			
	irst letter in mother's first name: First letter in mother's maiden name:			
First	digit of Social Security number: Last digit of Social Security number:			

Thank you for completing our survey.

Personal Code:_____