

## **UNODC Treatnet Capacity Building Program**

Training Satisfaction Survey - Customer Survey—Training

(For scoring purposes: Strongly Agree= 4, Agree=3, Neutral= 2, Disagree=1, Strongly Disagree=0)					
PLEASE INDICATE YOUR AGREEMENT WITH THESE	Strongly			Diagram	Strongly
STATEMENTS ABOUT THE TRAINING.	<u>Agree</u>	<u>Agree</u>	<u>Neutral</u>	<u>Disagree</u>	<u>Disagree</u>
The training was well organized.					
1. The training was well organized.					
2. The material presented will be easily applicable when					
working with substance abuse clients.					
3. The trainer was receptive to participant comments and				П	
questions.					
The training enhanced my skills in this topic area.					
4. The training enhanced my skins in this topic area.					
5. I expect to use the information gained from this training to					
benefit my clients.					
6. Overall, how satisfied are you with your training	Very <u>Satisfied</u>	<u>Satisfied</u>	<u>Neutral</u>	Unsatisfied	Very <u>Unsatisfied</u>
experience?			Neutral		
7. What specific forms or skills are the most helpful in supporting you as a service provider?					
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8. What about the training will be difficult to apply in your daily work as a service provider?					
9. How can the Trainer improve this training?					
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Thank you for completing our survey.