

**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 STATEMENTS ABOUT THE TRAINING.	<u>Strongly Agree</u>	<u>Agree</u>	<u>Neutral</u>	<u>Disagree</u>	<u>Strongly Disagree</u>
1. The training was well organized.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The material presented will be easily applicable when working with substance abuse clients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The trainer was receptive to participant comments and questions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The training enhanced my skills in this topic area.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I expect to use the information gained from this training to benefit my clients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Overall, how satisfied are you with your training experience?	<u>Very Satisfied</u> <input type="checkbox"/>	<u>Satisfied</u> <input type="checkbox"/>	<u>Neutral</u> <input type="checkbox"/>	<u>Unsatisfied</u> <input type="checkbox"/>	<u>Very Unsatisfied</u> <input type="checkbox"/>
7. What specific forms or skills are the most helpful in supporting you as a service provider?					
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?					

**Thank you for completing our survey.**

*Return your survey to the UNODC Trainer.*

