Pre-training Survey
Please complete this side of the form BEFORE the training.

Thank you for taking the time and thought to complete this confidential survey. You may choose not to participate or not to answer any specific question. The data gathered will be used in health promotion activities.

Section A: Demographic Information

<table>
<thead>
<tr>
<th>Gender:</th>
<th>Age:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Female □ Male □ Transgender</td>
<td>How old are you? ________ years</td>
</tr>
</tbody>
</table>

How do you usually describe yourself?

□ White, non Hispanic (includes Middle Eastern) □ Black, non Hispanic □ Hispanic or Latino/a
□ Asian or Pacific Islander □ Native American, Native Alaskan, or Native Hawaiian
□ Biracial or Multiracial

Preferred Language:

□ English □ Other (please specify): _______________________

Sexual Orientation/Identity Status:

□ Heterosexual □ Lesbian/Gay □ Bisexual □ Other: _______________________

Are you an international student? □ No □ Yes

Section B: Pre-Training Questions

1. How would you rate your awareness of NAMI and their services?

□ low □ medium □ high

2. How would you rate your knowledge of issues frequently faced by those with mental illness?

□ low □ medium □ high

3. Please rate your understanding about the steps in recovery from mental illness:

□ low □ medium □ high

4. What would your level of comfort be in talking with someone about mental illness?

□ low □ medium □ high

STOP HERE.

Please complete the other side of this form when your instructor tells you to do so.
**Section C: Post-Training Questions**

1. How would you rate your awareness of NAMI and their services?
   - [ ] low
   - [ ] medium
   - [ ] high

2. How would you rate your knowledge of issues frequently faced by those with mental illness?
   - [ ] low
   - [ ] medium
   - [ ] high

3. Please rate your understanding about the process of recovery from mental illness:
   - [ ] low
   - [ ] medium
   - [ ] high

4. What would your level of comfort be in talking with someone about mental illness?
   - [ ] low
   - [ ] medium
   - [ ] high

**Section D: Wrap Up**

1. Please provide your OVERALL rating of the quality of this training:
   - [ ] Excellent
   - [ ] Very Good
   - [ ] Good
   - [ ] Fair
   - [ ] Poor

2. Would you recommend this training to others?
   - [ ] Yes
   - [ ] No
   - [ ] Undecided

3. Please share your comments or anything else you've learned today:

**THANK YOU!**
West Valley College Health Services 2015