

REVIVE!

OPIOID OVERDOSE AND NALOXONE EDUCATION FOR VIRGINIA

Training Evaluation

Please take a few moments to provide feedback on this training. Your evaluation assists DBHDS in providing a useful training for future participants. Thank you for your participation.

PLEASE CIRCLE YOUR RESPONSE BASED ON HOW YOU FEEL ABOUT THE TRAINING.

	Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied
1. How satisfied are you with the registration process?	5	4	3	2	1
2. How satisfied are you with the overall quality of the training?	5	4	3	2	1
3. How satisfied are you with the presenter?	5	4	3	2	1
4. How satisfied are you with the location selection?	5	4	3	2	1
5. Do you feel comfortable with the procedure for administering naloxone to a person experiencing an opioid overdose emergency?	Yes	No			
6. Do you plan on obtaining a prescription for naloxone and getting it filled?	Yes	No			
7. If not, please use the space to the right to describe why not:					

Please share any information that would help us improve this training:

Other Comments:
