

Thanks in advance for completing the Post Survey. In 3 months you will receive a request to complete a very brief survey to assess the effectiveness of this offering in integrating key concepts into your life. Your responses are voluntary, confidential, and will not be identified by individual. All responses will be compiled together and analyzed as a group. Your participation will help us determine the long-term impact of MHFA.

Today's Date: \_\_\_\_\_ Year of birth (YYYY) \_\_\_\_\_

Enter the first 2 letters of your FIRST name: \_\_\_\_\_ Enter the first 2 letters of your LAST name: \_\_\_\_\_

Training Date:	Host Site Name:	Type of training:
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Email Address: \_\_\_\_\_

1. This course increased my knowledge of mental health issues.

Strongly Disagree 1 <input type="checkbox"/>	Disagree 2 <input type="checkbox"/>	Neutral 3 <input type="checkbox"/>	Agree 4 <input type="checkbox"/>	Strongly Agree 5 <input type="checkbox"/>
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2. How knowledgeable are you about mental health issues?

Not at all 1 <input type="checkbox"/>	Slightly 2 <input type="checkbox"/>	Somewhat 3 <input type="checkbox"/>	Moderately 4 <input type="checkbox"/>	Extremely 5 <input type="checkbox"/>
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3. This course increased my confidence in my ability to help a person who is demonstrating signs/symptoms of a mental health issue.

Strongly Disagree 1 <input type="checkbox"/>	Disagree 2 <input type="checkbox"/>	Neutral 3 <input type="checkbox"/>	Agree 4 <input type="checkbox"/>	Strongly Agree 5 <input type="checkbox"/>
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4. How confident are you helping a person who is demonstrating signs or symptoms of a mental health issue.

Not at all 1 <input type="checkbox"/>	Slightly 2 <input type="checkbox"/>	Somewhat 3 <input type="checkbox"/>	Moderately 4 <input type="checkbox"/>	Extremely 5 <input type="checkbox"/>
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5. This course increased my knowledge of strategies to use to help a person with a mental health issue.

Strongly Disagree 1 <input type="checkbox"/>	Disagree 2 <input type="checkbox"/>	Neutral 3 <input type="checkbox"/>	Agree 4 <input type="checkbox"/>	Strongly Agree 5 <input type="checkbox"/>
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6. How knowledgeable are you about strategies to use to help a person with a mental health issue.

Not at all 1 <input type="checkbox"/>	Slightly 2 <input type="checkbox"/>	Somewhat 3 <input type="checkbox"/>	Moderately 4 <input type="checkbox"/>	Extremely 5 <input type="checkbox"/>
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7. Now that you have completed the course, how able are you to promote help seeking behaviors of a person who is demonstrating signs or symptoms of a mental illness?

Not at all 1 <input type="checkbox"/>	Slightly 2 <input type="checkbox"/>	Somewhat 3 <input type="checkbox"/>	Moderately 4 <input type="checkbox"/>	Extremely 5 <input type="checkbox"/>
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8. People with mental health issues are dangerous.

Strongly Disagree 1 <input type="checkbox"/>	Disagree 2 <input type="checkbox"/>	Neutral 3 <input type="checkbox"/>	Agree 4 <input type="checkbox"/>	Strongly Agree 5 <input type="checkbox"/>
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9. People with mental health issues should be avoided.

Strongly Disagree 1 <input type="checkbox"/>	Disagree 2 <input type="checkbox"/>	Neutral 3 <input type="checkbox"/>	Agree 4 <input type="checkbox"/>	Strongly Agree 5 <input type="checkbox"/>
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10. If I had a mental health issue I would not tell anyone.

Strongly Disagree 1 <input type="checkbox"/>	Disagree 2 <input type="checkbox"/>	Neutral 3 <input type="checkbox"/>	Agree 4 <input type="checkbox"/>	Strongly Agree 5 <input type="checkbox"/>
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