

Reducing Seclusion and Restraint Use: Changing the Cultures of Care in Mental Health Settings

The purpose of this survey is to obtain information to learn about your experience with this training so that we can use this information to evaluate this training, improve future training, and develop future training that are responsive to needs of the community. Please answer all questions below. Your responses are anonymous. This survey will take about 5 minutes to complete.

Please rate your overall level of satisfaction with this training as a whole

	Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied
Overall Satisfaction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How much did you learn as a result of this CE program?

	1 (Very Little)	2 (Little)	3 (Somewhat)	4 (Great)	5 (Very Great)
How much did you learn as a result of this CE program?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Objectives were met to:

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Define restraint, seclusion and time out	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Describe legal requirements for the use seclusion and restraint, such as physicians orders, time limits, new and renewal orders, monitoring and assessment, and reporting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Discuss approaches to the minimization of seclusion and/or restraint	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Using the scale below, indicate your rating of the content and teaching methods.

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
Presented in a clear and effective manner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Consistent with stated objectives.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Scenarios and exercises clarified the content.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teaching methods were appropriate for the subject matter.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Information can be applied in practice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Information contributes to achieving personal, professional goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please check any affiliations below that apply to you. [Categories are NOT mutually exclusive, so please check ALL that apply to you]

- Advocate
- Agency for Health Care Administration (AHCA)
- Assisted Living Facility
- Baker Act Receiving Facility
- Community Mental Health Agency
- Consumer
- Court or Legal Personnel
- Department of Children and Families (DCF)
- Department of Corrections
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Department of Juvenile Justice

Education

Family Member

Hospital

Law Enforcement

Nursing Home

Private Practice Mental Health Professional

State Hospital Employee

Substance Abuse Provider Agency

Other (Please List)

How did you learn about this training? (Check ALL that apply)

Brochure

Colleague

Email

Internet

Supervisor

Other (Please List)

Please use this area to provide comments and/or training improvement suggestions.