

**Gender:**

Female    Male    Transgender

**Age:**

# **Post-training Survey**

**Please complete this side of the form  
AFTER the training.**

## **Section C: Post-Training Questions**

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

low      medium      high

low      medium      high

**3. Please rate your understanding about the process of recovery from mental illness:**

low      medium      high

low      medium      high

**1. Please provide your OVERALL rating of the quality of this training:**

Excellent      Very Good      Good      Fair      Poor

†

Yes      No      Undecided

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

**THANK YOU!**