Thank you for leading today’s workshop and helping to spread the word and prevent prescription drug abuse among teens. Please take a moment to answer the questions below. This evaluation will be used to improve this workshop and advise us in creating additional tools to help empower teen influencers to effectively educate and engage the community about prescription drug abuse. Your feedback will help ensure that this program continues to make a difference.

Please rate the workshop in terms of:

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<tr>
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<th>Excellent</th>
<th>Very Good</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
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<tbody>
<tr>
<td>Your overall opinion of workshop?</td>
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<td>Your overall opinion of the workshop materials (handouts, suggested speaker’s notes)?</td>
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<tr>
<td>Ease of giving the workshop to the group?</td>
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<td>Usefulness of presenter’s guide?</td>
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<td>In your opinion, how well did participants understand teen prescription drug abuse problem after attending?</td>
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<td>In your opinion, what was participants’ general receptiveness to program?</td>
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ADDITIONAL FEEDBACK

Which materials were most helpful/valuable?

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
Did the presenter’s guide give you enough information to prepare you? If not, what should we change/add?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Based on your experience leading the workshop is there any missing information? If so, what?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Is there something that we could include to make this workshop more effective or interesting?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

How did you learn about giving this workshop? (Please circle all that apply)
Newspaper Flyer E-mail Friend/Colleague
Professional Organization School
Other ________________________________

Which best describes you? (Please circle one)
Parent Teacher Coach
Clinician (pediatrician, school nurse, counselor, social worker)
Other teen influencer (please describe) ________________________________

Would you recommend this training to other friends or colleagues? _____ Yes _____ No

If you would like to provide additional comments, please do so below.
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Please send this form to: NCPIE, 200-A Monroe Street, Suite 212, Rockville, MD 20850 or fax to: (301) 390-3944. Thank you for your feedback.