

Marijuana Harmless? Think Again

Date: _____

Facilitator's Name: _____

Please help us to know what you learned at today's training. For each question, please mark the one answer that is most true for you.

Questions #1-7 ask you to rate your knowledge BEFORE the training.

Before the training, how much knowledge did you have about...	None	A Little	Some	A Lot
1) ...the short-term effects of marijuana on a user?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) ...medical marijuana?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) ...marijuana use by youth in Pima County?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) ...the long-term effects of marijuana on a user?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) ...effective marijuana prevention messages parents can use with their children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) ...what parents should do when they become aware their child has used marijuana?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) ...strategies youth can use to resist using marijuana?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Questions #8-14 ask you to rate your knowledge AFTER the training.

After the training, how much knowledge did you have about...	None	A Little	Some	A Lot
8) ...the short-term effects of marijuana on a user?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9) ...medical marijuana?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10) ...marijuana use by youth in Pima County?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11) ...the long-term effects of marijuana on a user?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12) ...effective marijuana prevention messages parents can use with their children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13) ...what parents should do when they become aware their child has used marijuana?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14) ...strategies youth can use to resist using marijuana?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Questions #15-22 ask you to rate your level of agreement with statements about the training.

	Strongly Disagree	Disagree	Agree	Strongly Agree
15) The training effectively held my interest.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16) The facilitator was well-prepared.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17) The training presented valuable information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18) The information presented was easy to understand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19) The facilitator was knowledgeable on the subject matter.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20) Overall, I was satisfied with the training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21) What information from the training did you find most useful?

22) Do you have any ideas on how the training could be improved?

25) I serve youth ages : 0-12 13-19 20 and older

26) My age is: under 20 20-29 30-39
 40-49 50-59 60 or older

27) What is your gender? male female

28) What is your race/ethnicity?

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Asian | <input type="checkbox"/> Black or African American | <input type="checkbox"/> Native Hawaiian and other Pacific Islander | <input type="checkbox"/> Other race/ethnicity |
| <input type="checkbox"/> American Indian | <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> White | <input type="checkbox"/> Two or more races/ethnicity |

Thanks!