**Workshop Assessment at Follow-Up (WAFU)**

**The anonymous linkage code below will be used to match data from different evaluation forms without using your name or information that can identify you.**

**Please complete the following items for your anonymous code:**

First letter in your mother’s first name: |\_\_\_| First letter in your father’s first name: |\_\_\_|

First digit in your social security number: |\_\_\_| Last digit in your social security number: |\_\_\_|

**Instructions**: For this questionnaire, “mapping” means any use of nodes and links. This can be in the form of fill-in guide maps, free maps that are made from “scratch”, or any combination of these.

**PLEASE FILL IN THE CIRCLE THAT SHOWS YOUR ANSWER TO EACH ITEM**

***Disagree Agree***

***Strongly Disagree Undecided Agree Strongly***

***(1) (2) (3) (4) (5)***

1. You were satisfied with the materials and   
ideas presented during training. ⭘ ⭘ ⭘ ⭘ ⭘

2. The materials have proved to be relevant   
to the needs of your clients. ⭘ ⭘ ⭘ ⭘ ⭘

3. You have been comfortable using them   
with your clients. ⭘ ⭘ ⭘ ⭘ ⭘

4. You have found the things you learned are   
useful to you and your clients. ⭘ ⭘ ⭘ ⭘ ⭘

5. Your program has enough staff capacity   
to implement these materials. ⭘ ⭘ ⭘ ⭘ ⭘

6. Your program has adequate office space and   
budget to implement these materials. ⭘ ⭘ ⭘ ⭘ ⭘

7. You have had enough preparation time   
to use these materials. ⭘ ⭘ ⭘ ⭘ ⭘

8. Other counselors in your program have not  
implemented these materials effectively. ⭘ ⭘ ⭘ ⭘ ⭘

9. Counselors in your program have adequate   
background and training needed to use   
these materials. ⭘ ⭘ ⭘ ⭘ ⭘

***Disagree Agree***

***Strongly Disagree Undecided Agree Strongly***

***(1) (2) (3) (4) (5)***

10. Practice sessions during the training gave you   
confidence in using the materials. ⭘ ⭘ ⭘ ⭘ ⭘

11. The training provided good instructions and   
examples for adapting the materials to   
your client needs. ⭘ ⭘ ⭘ ⭘ ⭘

12. Based on what you learned, you have been able   
to train others to use these materials. ⭘ ⭘ ⭘ ⭘ ⭘

13. A follow-up training sessions is needed to   
really use these materials effectively. ⭘ ⭘ ⭘ ⭘ ⭘

14. Your program director (or clinical supervisor)   
has supported and encouraged use of   
these materials. ⭘ ⭘ ⭘ ⭘ ⭘

15. Other staff at your program have become   
interested in learning to use these materials. ⭘ ⭘ ⭘ ⭘ ⭘

16. Staff at your program like to help one another   
when using new materials like these. ⭘ ⭘ ⭘ ⭘ ⭘

17. Your clients benefited from and encouraged   
your use of the materials. ⭘ ⭘ ⭘ ⭘ ⭘

18. You have found ways to make these materials   
a regular and sustained part of your program. ⭘ ⭘ ⭘ ⭘ ⭘

**You have not used these materials because –**

19. you have a lack of time. ⭘ ⭘ ⭘ ⭘ ⭘

20. you already use things you like better. ⭘ ⭘ ⭘ ⭘ ⭘

21. they do not fit with your counseling style. ⭘ ⭘ ⭘ ⭘ ⭘

22. your agency does not have the time or resources   
needed. ⭘ ⭘ ⭘ ⭘ ⭘

23. they have not worked with your clients. ⭘ ⭘ ⭘ ⭘ ⭘

24. you do not feel properly trained to use them. ⭘ ⭘ ⭘ ⭘ ⭘

25. they seem cumbersome and difficult to use. ⭘ ⭘ ⭘ ⭘ ⭘

26. they do not comply with the treatment   
philosophy at your agency. ⭘ ⭘ ⭘ ⭘ ⭘