**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. ⭘ ⭘ ⭘ ⭘ ⭘