Dear Training Participant,

By providing us with the following demographic information, you will be helping us to understand the effectiveness of this training for future participants. Your participation with this survey is completely voluntary and all of the information will be kept entirely confidential. Only group averages and percentages will be reported. Individual results will not be reported to your employer. Aggregate data may be used for future research to improve training for Adult Protective Service workers.

1. What is the HIGHEST level of your formal education? (Check only ONE box)
   - [ ] High School
   - [ ] MA/MS Degree
   - [ ] Some College
   - [ ] MSW
   - [ ] BA/BS Degree
   - [ ] PsyD
   - [ ] BSW Degree
   - [ ] PhD – Field related to social work?  [ ] Yes  [ ] No

2. How long have you been in your current position?
   [ ] Less than 1 Year  [ ] 1 – 2 years  [ ] 3 – 5 years  [ ] 6 – 10 years  [ ] 11+ years

3. Do you hold a current license as a mental health practitioner?
   [ ] Yes  [ ] No
   If yes, which one?
   [ ] LCSW  [ ] MFT  [ ] Lic./Registered Psychologist  [ ] Other: ______

4. How do you identify yourself in terms of ethnicity/race?
   - [ ] African American
   - [ ] Hispanic/Latino
   - [ ] American Indian/Alaskan Native
   - [ ] Multi-racial (specify): ________________________________
   - [ ] Asian/Pacific Islander
   - [ ] Other (specify): ________________________________
   - [ ] Caucasian/White

5. What is your age?
   [ ] 25 or younger  [ ] 26 – 35  [ ] 36 – 45  [ ] 46 or older

6. What is your gender?
   [ ] Male  [ ] Female

7. Is English your second language?
   [ ] Yes  [ ] No
   If yes, what is your first language? ________________________________

8. What STATE do you work in? ________________________________
   a. If you work in CALIFORNIA, what COUNTY do you work for? ________________________________
9. Which of these best describes your primary job assignment? Please provide clarification if your job function is not typical of that category (e.g. MSSP Nurse in Aging Services, APS Trainer, Community Information Police Officer):

- APS Only
- (1) Line Worker
- (2) Supervisor
- (3) Manager
- (4) Other:
- (29) Case Managers (IHSS or Other Homemaker Services)
- (13) Aging Services
- (20) Mental Health
- (14) Code Enforcement
- (21) Nursing (APS or Public Health)
- (15) Financial Abuse Trainer or Advocate
- (22) Prosecution/Court Services
- (16) Law Enforcement
- (23) Public Authority
- (17) Legal Services
- (24) Public Guardian
- (18) Long Term Care Provider
- (25) Regional Center/Disability Services
- (19) Medical (not APS, Public Health, or LTC)
- (26) Victim/Witness Assistance
- (27) Other (specify):

   a. If you work for APS, what type of investigations do you conduct?
   - Disability Investigations Only
   - Elder Investigations Only
   - Both

10. How many years of experience do you have working with each of these populations:

<table>
<thead>
<tr>
<th>Seniors</th>
<th>Less than 1 year</th>
<th>1 – 2 yrs</th>
<th>3 – 5 yrs</th>
<th>6 – 10 yrs</th>
<th>11+ yrs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disabled</td>
<td>Less than 1 year</td>
<td>1 – 2 yrs</td>
<td>3 – 5 yrs</td>
<td>6 – 10 yrs</td>
<td>11+ yrs</td>
</tr>
<tr>
<td>Protective Social Services - Adults</td>
<td>Less than 1 year</td>
<td>1 – 2 yrs</td>
<td>3 – 5 yrs</td>
<td>6 – 10 yrs</td>
<td>11+ yrs</td>
</tr>
<tr>
<td>Protective Social Services - Children</td>
<td>Less than 1 year</td>
<td>1 – 2 yrs</td>
<td>3 – 5 yrs</td>
<td>6 – 10 yrs</td>
<td>11+ yrs</td>
</tr>
</tbody>
</table>

11. Have you had any specialized training in gerontology?

   - Yes
   - No

   a. If yes, what type (check all that apply)?
   - Gerontology Graduate Studies (Focus Area)
   - Gerontology Graduate Studies (Coursework)
   - Continuing Education Training
   - Other: ____________________________

12. Which of the following statements best describes your feelings about attending this training series?

   - I am excited about attending this training series and believe it will help me do my job better.
   - I am unsure about what this training series has to offer me.
   - This training series is a requirement. I am looking forward to getting it over with.
   - I have no feelings, either positive or negative, about attending this training series.

13. I am concerned about the amount of time this training series will require me to be away from my cases:

   - Yes
   - No