

TODAY'S DATE

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Your confidential ID number is the first two letters of your
FIRST name, the first two letters of your LAST name, the
MONTH of your birth, and the DAY of your birth.

CONFIDENTIAL IDENTIFIER

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Basic Post-Course Evaluation

Public reporting burden of this collection of information is estimated to average 2 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0995).

1. How satisfied were you with your overall learning experience?

very unsatisfied ① ② ③ ④ ⑤ very satisfied

2. How satisfied were you with the quality of the content?

very unsatisfied ○ ○ ○ ○ ○ very satisfied

3. How satisfied were you with the trainer(s)?

very unsatisfied ○ ○ ○ ○ ○ very satisfied

4. How satisfied were you with the teaching methods?

very unsatisfied ○ ○ ○ ○ ○ very satisfied

5. What could improve this training?

6a. As a result of information presented, do you intend to make changes in your practice or at your worksite setting?

- Yes
- No
- Not my job
- I already use these practices
- Other reason (please specify) _____

6b. If yes, please list at least one intended change.

7. Was this training free of commercial bias?

- Yes
- No

8. Was this training evidence-based?

- Yes
- No

9a. How much did you know about the topics covered in this session BEFORE this training?

no knowledge ① ② ③ ④ ⑤ all the knowledge

9b. How much do you know AFTER the training?

no knowledge ○ ○ ○ ○ ○ all the knowledge

Thank you for your time and thoughtful feedback!