

Your Position Title: _____

Your Organization: _____

Your participation / nonparticipation is completely voluntary and your responses will not have an effect on your eligibility for receipt of any FDA services. In instances where respondent identity is needed (e.g., for follow-up of non-respondents), this information collection fully complies with all aspects of the Privacy Act and data will be kept private to the fullest extent allowed by law.

1. Rate your understanding of FDA tobacco compliance check inspections before starting this course and **after** completing this course.

Before starting this course, my knowledge of performing FDA tobacco compliance check inspections was: (Circle your rating.)

1	2	3	4	5
Limited Knowledge		Moderate Knowledge		Extensive Knowledge

After completing this course, my knowledge of performing FDA tobacco compliance check inspections is now: (Circle your rating.)

1	2	3	4	5
Limited Knowledge		Moderate Knowledge		Extensive Knowledge

2. Overall, how would you rate this course?

1	2	3	4	5
Poor		Good		Excellent

3. What was the most effective part of this course?

4. What could be done to improve the effectiveness of this course?

5. Please add any additional comments or suggestions. If you need additional space continue on the back of this sheet.

Thank You!