

Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD) Nurse's Continuing Education Program on Sudden Infant Death Syndrome (SIDS) Customer Satisfaction Survey OMB Number: 0925-0643 Expiration Date: 10/31/2017

You are receiving this survey because you completed the online, print or live version of the CE program of NICHD'S Nurses' Continuing Education (CE) program on SIDS risk reduction. We are assessing your satisfaction with the program and your satisfaction with using the program information and materials.

We would appreciate your input to help guide future programming and inform the best use of our resources.

Participating in this survey is completely voluntary. You may choose to skip a question or stop the survey at any time.

*Public reporting burden for this collection of information is estimated to average 15 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 current 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: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, PRA (0925-0643). Do not return the completed form to this address.

1. What is your highest level of education?

- Associate
- Bachelors
- Masters
- Doctorate
- Other

Other (please specify)

2. How many years have you been a practicing nurse?

- 0-2
- 3-5
- 6-10
- 11-15
- More than 15

3. What type (s) of setting (s) do you currently work in?

- Labor and Delivery
- Neonatal Intensive Care Unit (NICU)
- Well Baby Nursery
- Public Health Department
- Community Clinic
- Child Care Setting
- Social Work Organization
- Other

Other (please specify)

4. When did you complete the SIDS Continuing Education Program?

Month

Year

5. Why did you complete the SIDS Continuing Education Program? (Please check all that apply)

- Required by your organization
- Needed continuing education hours
- Interested in the topic
- It was free
- Other

Other (please specify)

6. Did you complete the SIDS Continuing Education program in person, at a workshop session, via the print version, or via the online version? (Please check only one).

- Live: At a national conference
- Live: At a university sponsored session
- Live: At a hospital sponsored session
- Print Version
- Online Version

7. Please rate your level of agreement with the following statements regarding the SIDS Continuing Education Program that you completed. (Please fill in one response for each row).

	Strongly Agree	Agree	Disagree	Strongly Disagree
Session met your expectations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Length of time appropriate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Level of instructions appropriate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Materials were appropriate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. How would you rate your overall satisfaction with the following aspects of the SIDS Continuing Education Program? (Please fill in one response for each row).

	Excellent	Above Average	Average	Below Average	N/A
Registration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trainer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Curriculum Content	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Course Materials	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Receiving Your Certificate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. How would you rate your level of SIDS risk reduction knowledge prior to completing the SIDS Continuing Education Program (Please check only one).

- Excellent
- Good
- Average
- Fair
- Poor

10. Was there a topic (or topics) not covered in the SIDS Continuing Education Program that you would like to have included?

- Yes
- No

If yes please explain

11. In general what is your preferred method for completing training and continuing education sessions? Please rank them 1-4 with 1 being your top choice and 4 your last.

	1	2	3	4
Online Modules	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Webinars	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In-Person (in-service, seminars, conferences)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Print (inserts in professional publications)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. Have you used the training and knowledge you received through the SIDS Continuing Education Program?

Yes

No

If yes please give an example.

13. Do you feel the SIDS Continuing Education Program provided you with information to enhance your organization's practice and patient education?

Yes

No

If no please explain

14. After completing the SIDS Continuing Education Program, did you do any of the following: (Please check all that apply).

Do nothing further

Share the curriculum with colleagues

Set up a training for faculty

Request additional materials

Review your organization's existing policy addressing SIDS risk reduction/safe infant sleep practices

Revise your organization's existing policy addressing SIDS risk reduction/safe infant sleep practices

Create a policy for your organization addressing SIDS risk reduction/safe infant sleep practices

Other (please specify)

15. Does your organization advocate for a preferred sleep position for infants?

Yes

No

N/A, if No or N/A, skip to Q18

16. What is your organization's preferred sleep position for infants? (Please check only one)

- Supine (Back)
- Side
- Prone (Stomach)

17. Does your organization have policies/competencies regarding SIDS risk reduction/safe infant sleep?

- Yes
- No
- N/A

18. Are you planning any educational interventions for staff or clients in the near future related to SIDS risk reduction/safe infant sleep?

- Yes
- No

19. How do you place infants to sleep?

- Supine (Back)
- Side
- Prone (Stomach)

20. Do you routinely discuss with parents the sleep position for their baby once he/she is born, including where the baby will sleep (room sharing vs bed sharing, crib, bassinet, etc)?

- Yes
- No

21. Did the SIDS Continuing Education program identify new resource (s) you were not aware of before completing the Program?

- Yes
- No

If yes, identify the new resource

22. Are there additional SIDS educational materials you would like to receive? (Please check all that apply).

- PowerPoint Slides
- Public Service Announcements
- DVDs
- Brochures
- Presentations
- Posters
- Nothing at this time

Other (please specify)

23. Would you recommend the SIDS Continuing Education Program to other healthcare professionals?

- Yes
- No

If No, why not?

24. Do you have any final suggestions for improving the SIDS Continuing Education Program?