**INSTRUCTIONS (Appendix C)**

**Exercise Participant Feedback Form** is a voluntary assessment that is designed to be printed and distributed after the exercise to participants for their individual feedback on the exercise. Exercise facilitators / planners, please collect all completed forms, scan and submit to 2016CDCVIP@cdc.gov by 9/15/2016. All collected data will be shared in aggregate during the HHS Region VI VTTX Follow-up Meeting on Sept 29, 2016. It is estimated that completion of this assessment will take no longer than 10 minutes.

\*\*\*Please note that question #4 needs to be edited to reference your state’s specific plan before distribution to participants.

**EXERCISE PARTICIPANT FEEDBACK FORM (Appendix B)**

1. Please rate, on a scale of 1 to 5, your overall assessment of the exercise relative to the statements provided below, with 1 indicating strong disagreement with the statement and 5 indicating strong agreement.

| **Assessment Factor** | **Strongly****Disagree** | **Strongly Agree** |
| --- | --- | --- |
| The exercise was well structured and organized. | 1 | 2 | 3 | 4 | 5 |
| The exercise scenario was plausible and realistic. | 1 | 2 | 3 | 4 | 5 |
| The multimedia presentation helped the participants understand and become engaged in the scenario. | 1 | 2 | 3 | 4 | 5 |
| The facilitator(s) was knowledgeable about the material, kept the exercise on target, and was sensitive to group dynamics. | 1 | 2 | 3 | 4 | 5 |
| The Situation Manual used during the exercise was a valuable tool throughout the exercise. | 1 | 2 | 3 | 4 | 5 |
| Participation in the exercise was appropriate for someone in my position. | 1 | 2 | 3 | 4 | 5 |
| The participants included the right people in terms of level and mix of disciplines. | 1 | 2 | 3 | 4 | 5 |

1. What organization are you representing in the exercise?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How many virtual exercises have you participated in before today’s exercise?

|  |  |  |
| --- | --- | --- |
| Zero | One to Two | Three or More |
|  |  |  |

1. How familiar are you with **[Insert Specific State]** Plan?

|  |  |  |  |
| --- | --- | --- | --- |
| Barely Familiar | Somewhat Familiar | Well Versed | Helped Write It |
|  |  |  |  |

1. What specific training opportunities helped you (or could have helped you) prepare for this exercise? Please provide specific course names if applicable.

| **Training** | **Completed Prior to Exercise? (Y/N)** |
| --- | --- |
| To be filled in | To be filled in |
| To be filled in | To be filled in |
| To be filled in | To be filled in |
| To be filled in | To be filled in |
| To be filled in | To be filled in |

1. Which exercise materials were most useful? Please identify any additional materials or resources that would be useful.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please provide any recommendations on how this exercise or future exercises could be improved or enhanced.

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