

# Health Literacy Project Health Professionals Satisfaction Survey

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 MM DD YY  
**TODAY'S DATE**

Your unique 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. *For example:* John Smith, May 29 would be **JOSM0529**

**UNIQUE IDENTIFIER**  
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## Demographic Information

- What is your racial background? (Select all that apply)
 

<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Native Hawaiian or Pacific Islander
<input type="checkbox"/> Asian	<input type="checkbox"/> White
<input type="checkbox"/> Black or African American	
- Are you of Hispanic, Latino/a, or Spanish origin?
 

Yes  No

## Training Design and Delivery

Circle one response for each question.

- Please rate your overall satisfaction with the course.
 

<i>Highly Dissatisfied</i>	<i>Dissatisfied</i>	<i>Neither Satisfied nor Dissatisfied</i>	<i>Satisfied</i>	<i>Highly Satisfied</i>
1	2	3	4	5

Please rate how helpful the following aspects of the training were in your learning about health literacy.

- |                                            | <i>Not at all Helpful</i> | <i>Somewhat Helpful</i> | <i>Helpful</i> | <i>Very Helpful</i> |
|--------------------------------------------|---------------------------|-------------------------|----------------|---------------------|
| 4. Organization of course                  | 1                         | 2                       | 3              | 4                   |
| 5. Course manual and handouts              | 1                         | 2                       | 3              | 4                   |
| 6. Course activities and exercises         | 1                         | 2                       | 3              | 4                   |
| 7. Course presentation slides and lectures | 1                         | 2                       | 3              | 4                   |

**Please rate this training in the following areas.**

8. Course length	<i>Too Long</i> 1	<i>Long</i> 2	<i>Just Right</i> 3	<i>Short</i> 4	<i>Too Short</i> 5
9. Course level	<i>Too Basic</i> 1	<i>Basic</i> 2	<i>Just Right</i> 3	<i>Complex</i> 4	<i>Too Complex</i> 5
10. Course pace	<i>Too Slow</i> 1	<i>Slow</i> 2	<i>Just Right</i> 3	<i>Fast</i> 4	<i>Too Fast</i> 5

**Trainer Skills**

	<i>Strongly Disagree</i> 1	<i>Disagree</i> 2	<i>Neutral</i> 3	<i>Agree</i> 4	<i>Strongly Agree</i> 5
12. Trainers were knowledgeable about the subject matter.	1	2	3	4	5
13. Trainers conducted training in an organized manner.	1	2	3	4	5
14. Trainers communicated information clearly.	1	2	3	4	5
15. Trainers facilitated the course effectively.	1	2	3	4	5
16. Trainers were responsive to questions.	1	2	3	4	5
17. Trainers worked well together.	1	2	3	4	5
18. Comments for Individual Trainers: _____					

**Other Suggestions**

19. How could this course be improved?

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