Attachment D-7: TA Feedback Survey Screenshots

CDC Workplace Health Promotion Resource Center TA Feedback Survey

Introduction and Informed Consent

Form Approved
OMB No. 0920-XXXX
Exp. Date: XX-XX-XXXX

TA Feedback Survey

Public reporting of this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions and completing 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-XXXX).

This is a planned online survey of participants in the TA pilot. This survey will be offered after every technical assistance encounter.

Introduction

This survey will ask about your satisfaction with the technical assistance activity you just completed. This project is funded by the Centers for Disease Control and Prevention. Many parts of the project are being managed by ICF International. ICF is a private sector consulting firm with leadership and practical assistance in research, data collection, and all types of program evaluation based in Fairfax, VA. They are helping CDC evaluate technical assistance.

Informed consent

Before you get started, we need to give you some more information to help you decide whether or not you would like to participate.

- Your participation is voluntary. In the course of this survey, you may refuse to answer specific questions. You may also choose to end the survey at any time.
- The survey is designed to take about 5 minutes.
- All of the comments you provide will be maintained in a secure manner. We will not attribute your responses to you or your organization without your permission unless we are compelled by law.
- There are no right or wrong answers or ideas—we want to hear about YOUR experiences and opinions.
- CDC is authorized to collect information for this project under the Public Health Services Act.
- There are no risks or benefits to you personally for participating in this survey.
- We are interested in your comments so that we can improve the CDC Workplace Health Program Resource Center for future participants. Please feel free to contact Emily Hite at ICF International. Her phone number is 404-592-2145 and her email is Emily.Hite@icfi.com.

* **1. I have read the information given above and agree to participate by clicking on the "Yes. I <u>do</u> want to participate." button below.**

◯ Yes. I <u>do</u> want to participate.

◯ No. I <u>do not</u> want to participate

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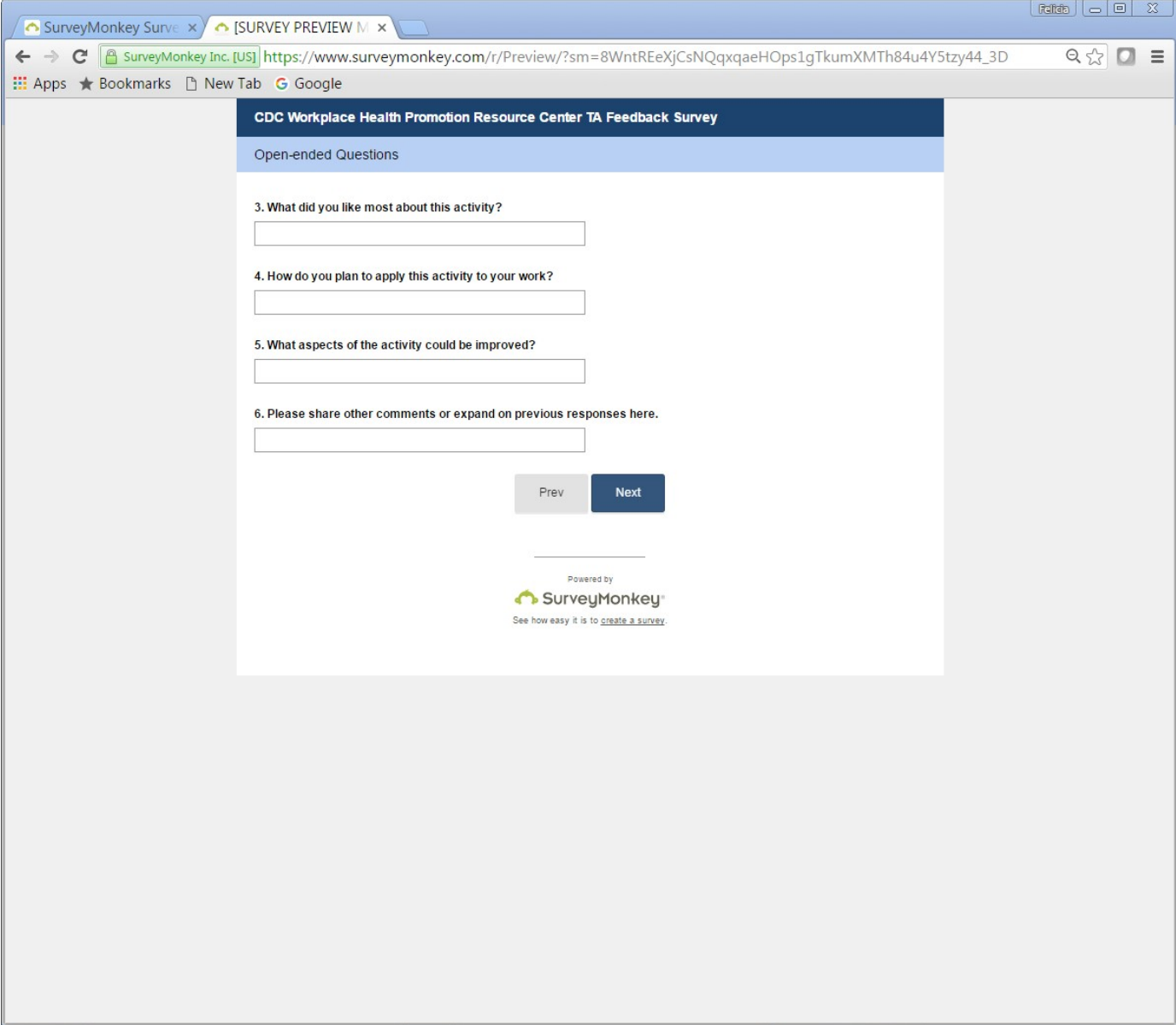
Level of Agreement

2. Please indicate your level of agreement with the statements listed below.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
The content and learning materials addressed a need or gap in my knowledge or skills.	○	○	○	○	○
The objectives for this activity were met.	○	○	○	○	○
The content was well organized and easy to follow.	○	○	○	○	○
Participation and interaction were encouraged.	○	○	○	○	○
The materials were relevant and useful.	○	○	○	○	○
The delivery method used helped me learn the content.	○	○	○	○	○
The technical assistance provider was knowledgeable and well prepared.	○	○	○	○	○
The length and pace of the activity was appropriate.	○	○	○	○	○
My knowledge and/or skills increased as a result of this activity.	○	○	○	○	○
I will be able to apply the knowledge gained from this activity to my work.	○	○	○	○	○

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Open-ended Questions

3. What did you like most about this activity?

4. How do you plan to apply this activity to your work?

5. What aspects of the activity could be improved?

6. Please share other comments or expand on previous responses here.

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