Capacity Building Assistance Program: Assessment and Quality Control

Attachment 5

Training Follow-Up Instrument-word version

Training Follow-Up Instrument

Thank you for participating in a capacity building assistance (CBA) training event. We would like to gather additional feedback about whether the objectives of the training were met and to assess the effectiveness of the training. The information that you provide will be used to improve future trainings. Your participation in the assessment is completely voluntary, and failure to participate will not jeopardize your employment or CDC funding of your organization. Your time and assistance is appreciated.

I. Pre-populated Information Generated from CRIS or TEC

Date [PRE-POPULATED IN MM/DD/YY FORMAT]
Training Title [PRE-POPULATED FROM CRIS OR TEC]
Training Date [PRE-POPULATED IN MM/DD/YY FORMAT]
Unique ID [PRE-POPULATED]

II. Instrument to be completed by respondents

*Your Confidential Identifier is the **first two letters** of your first name (FN), the **first two letters** of your last name (LN), the **month of your birth** (MM), and the **day of your birth (**DD). For example, John Smith, May 29 would be JOSM0529. (NOTE: Your responses are confidential and will not be linked in any way to your name or agency in analysis.)*

1**. What is your Confidential Identifier?** __   __   __   __   __   __   __   __
                                                                    FN   FN   LN   LN   M   M   D   D

2**. Overall, how useful was the [COURSE TITLE] training in preparing you to implement the intervention?**
   ○ Very useful (5)
   ○ Moderately useful (4)
   ○ Somewhat useful (3)
   ○ A little useful (2)
   ○ Not at all useful (1)

3**. How relevant was the training to your current job?**
   ○ Very relevant (5)
   ○ Moderately relevant (4)
   ○ Somewhat relevant (3)
   ○ A little relevant (2)
   ○ Not relevant at all (1)

4. **To what extent did the training meet your needs?**
   ○ Fully met my needs (5) (SKIP TO #6)
   ○ Met most of my needs (4)
   ○ Met some of my needs (3)
   ○ Met few of my needs (2)
   ○ Did not meet my needs at all (1)

5**. Please explain in what ways your needs were not met?** [TEXT BOX]

	Not motivated at all		Somewhat motivated		Highly motivated	Not part of my job
6. **On the** <u>last day of the training</u>**, how motivated were you to implement what you learned?**	1	2	3	4	5	98

7. **How motivated are you <u>today</u> to implement what you learned?**

      1   2   3   4   5   98

8. **How ready are you to implement [COURSE TITLE]?**

- ⭕ Have not implemented, <u>not</u> ready to start (1) (SKIP TO #10)
- ⭕ Have not implemented, but <u>ready</u> to start (2) (SKIP TO #10)
- ⭕ Have already started implementing (3)
- ⭕ Not sure (88) (SKIP TO #10)

	Planning implementation		Somewhat implemented		Fully implemented	Not part of my job
9. **Please indicate the degree to which you have implemented the intervention.**	1	2	3	4	5	98

To what degree is there buy-in to implement this intervention from the following sources? (Note that "Buy-In" is belief in the value of an intervention and willingness to allocate time, money and/or staff to it over time.)

	No buy-in		Moderate buy-in		Complete buy-in
10. *Yourself*	1	2	3	4	5
11. *Your Agency*	1	2	3	4	5
12. *Your Priority Population*	1	2	3	4	5

The next set of questions is about actions you have taken since attending the [COURSE TITLE] training. Since the training, have you:

	Yes	No	Not yet, but I will	Not part of my job
13. Explained the goals of the intervention to agency colleagues/staff	1	2	3	98
14. Explained to colleagues/staff why this intervention is important for the agency's target population	1	2	3	98
15. Advocated for the allocation of resources for this intervention	1	2	3	98
16. Encouraged others in the agency to adopt the intervention	1	2	3	98
17. Encouraged community stakeholders to support the intervention	1	2	3	98

	Not at all		Some		A lot
18. **How much have you shared information from this training with your colleagues?**	1	2	3	4	5

	Not at all		Some		A lot
19. **How much have you recommended this training to**	1	2	3	4	5

others?

Please indicate how much the following barriers affect your ability to effectively implement [COURSE TITLE].

	Not at all		Somewhat		A lot
20. Lack of funding	1	2	3	4	5
21. Lack of time (too busy)	1	2	3	4	5
22. Lack of necessary resources (e.g. meeting space, video equipment, materials)	1	2	3	4	5
23. Inadequate training in the intervention	1	2	3	4	5
24. Intervention is too complicated	1	2	3	4	5
25. Implementing this particular intervention is a not priority for the agency	1	2	3	4	5
26. Lack of support from administration	1	2	3	4	5
27. Lack of support from supervisor	1	2	3	4	5
28. Lack of support from staff	1	2	3	4	5
29. Turn-over of trained staff	1	2	3	4	5
30. Intervention is not translated into the primary language of our clients	1	2	3	4	5
31. Difficulty adapting intervention to our clients	1	2	3	4	5
32. Difficulty recruiting eligible participants from the target population	1	2	3	4	5
33. Difficulty retaining participants	1	2	3	4	5
34. Other (please specify): [TEXT BOX]	1	2	3	4	5

35. **How likely is it that your agency will attract and sustain new prevention funding through the successful implementation of an evidence-based intervention (EBI)?**
   O Extremely likely (5)
   O Very likely (4)
   O Somewhat likely (3)
   O Not very likely (2)
   O Not at all likely (1)

36. **Does your agency need technical assistance (TA) in order to implement [COURSE TITLE]?**
   O Yes (1)
   O No (0)

37. **Do you know how to access TA from the Centers for Disease Control and Prevention (CDC)?**
   O Yes (1)
   O No (0)

38. **What training/TA have you or your agency received since the training? [CHECK ALL THAT APPLY]**
    - ☐ Population-based Needs Assessment
    - ☐ Selection of a behavioral, structural, or biomedical intervention
    - ☐ Adaptation of a behavioral, structural, or biomedical intervention (based on population and/or agency resources)
    - ☐ Planning and Implementation of a behavioral, structural, or biomedical intervention (includes addressing fidelity, scheduling, and logistics)
    - ☐ Recruitment and Retention of clients/participants (includes marketing)
    - ☐ Cultural Competence in Prevention Activities (includes intervention adaptations to increase cultural appropriateness)
    - ☐ Monitoring and Evaluation of a behavioral, structural, or biomedical intervention
    - ☐ None
    - ☐ Not Sure
    - ☐ Other
      (please specify): [TEXT BOX] _____

To what degree would you or your agency benefit from additional training/TA in the following areas?

	Would not benefit at all		Would benefit somewhat		Would benefit greatly
39. Population-based Needs Assessment	1	2	3	4	5
40. Selection of a behavioral, structural, or biomedical intervention	1	2	3	4	5
41. Adaptation of a behavioral, structural, or biomedical intervention (based on population and/or agency resources)	1	2	3	4	5
42. Planning and Implementation of a behavioral, structural, or biomedical intervention (includes addressing fidelity, scheduling, and logistics)	1	2	3	4	5
43. Recruitment and Retention of clients/participants (includes marketing)	1	2	3	4	5
44. Cultural Competence in Prevention Activities (includes intervention adaptations to increase cultural appropriateness)	1	2	3	4	5
45. Monitoring and Evaluation of a behavioral, structural, or biomedical intervention	1	2	3	4	5
46. Other (please specify): [TEXT BOX]	1	2	3	4	5

THANK YOU