Attachment 6: Training Follow-Up Instrument (screenshots)



Training Follow-up Instrument

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

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 their employment or CDC funding of their organization. Your time and assistance is appreciated.

Start

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Training Date: 3/3/2014
0 % Complete
0 % Complete
Duration 4 of 47
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?
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John

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Que	estion 3 of 17
3. H	low relevant was the training to your current job?
\circ	Very relevant
\circ) Moderately relevant
\circ) Somewhat relevant
\circ	A little relevant
\odot	Not relevant at all

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100 % Complete

Question 4 of 17
4. To what extent did the training meet your needs?
O Fully met my needs (SKIP TO #6)
Met most of my needs
O Met some of my needs
O Met few of my needs
O Did not meet my needs at all

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5. Please explain in what ways your needs were not met?

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100 % Complete

Question 6 of 17

	Not motivated at all		Somewhat motivated		Highly motivated	Not part of my job
	1	2	3	4	5	98
6. On the <u>last day of the training</u> , how motivated were you to implement what you learned?	0	0	•	0	0	0
7. How motivated are you today to implement what you learned?	0	0	0	•	0	0

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100 % Complete

8. How ready are you to imple	ement Survey Design: Focu	is on NLAAD Street Intercepts?
O Have not implemented, not	ready to start (SKIP TO #10))
O Have not implemented, but	ready to start (SKIP TO #10))
 Have already started imple 	menting	
O Not sure (SKIP TO #10)		
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94 % Complete

Question 8 of 17

	Planning implementation		Somewhat implemented		Fully implemented	Not part of my job
	1	2	3	4	5	98
Please indicate the degree to which you have implemented the intervention.	0	0	0	0	0	0

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100 % Complete

Question 9 of 17

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 staff to it over time.)

	No buy-in		Moderate buy-in		Complete buy-in
	1	2	3	4	5
10. Youself	0	0	•	0	0
11. Your Agency	0	0	0	•	0
12. Your Priority Population	0	•	0	0	0

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Question 10 of 17

The next set of questions is about actions you have taken since attending the Survey Design: Focus on NLAAD Street Intercepts training. Since the training, have you:

	Yes	No	Not yet, but I will	Not part of my job
	1	2	3	98
13. Explained the goals of the intervention to agency colleagues/staff	0	0	•	0
14. Explained to colleagues/staff why this intervention is important for the agency's target population	•	0	0	0
15. Advocated for the allocation of resources for this intervention	0	0	•	0
16. Encouraged others in the agency to adopt the intervention	0	0	0	•
17. Encouraged community stakeholders to support the intervention	0	•	0	0

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	Not at all		Some		A lot
	1	2	3	4	5
18. How much have you shared information from this training with your colleagues?	•	0	0	0	0
19. How much have you recommended this training to others?	•	0	0	0	0

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Question 12 of 17

Please indicate how much the following barriers affect your ability to effectively implement Survey Design: Focus on NLAAD Street Intercepts.

	Not at all		Somewhat		A lot
	1	2	3	4	5
20. Lack of funding	0	0	0	0	0
21. Lack of time (too busy)	0	0	0	0	0
22. Lack of necessary resources (e.g. meeting space, video equipment, materials)	0	0	0	0	0
23. Inadequate training in the intervention	0	0	0	0	0
24. Intervention is too complicated	0	0	0	0	0
25. Implementing this particular intervention is a not priority for the agency	0	0	0	0	0
26. Lack of support from administration	0	0	0	0	0
27. Lack of support from supervisor	0	0	0	0	0
28. Lack of support from staff	0	0	0	0	0
29. Turn-over of trained staff	0	0	0	0	0
30. Intervention is not translated into the primary language of our clients	0	0	0	0	0
31. Difficulty adapting intervention to our clients	0	0	0	0	0
32. Difficulty recruiting eligible participants from the target population	0	0	0	0	0
33. Difficulty retaining participants	0	0	0	0	0
34. Other (please specify):	0	0	0	0	0

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5. How likely is It that your agency will attract and sustain new prevention funding through the successful implementation of an evidence-based intervention (EBI)
C Extremely likely
○ Very likely
Somewhat likely
O Not very likely
O Not at all likely

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3	6. Does your agency need technical assistance (TA) in order to implement Survey Design: Focus on NLAAD Street Intercepts?
	○Yes
	● No

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37. Do you know how to access TA from the Centers for Disease Control and Prevention (CDC)?

O Yes

No

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Other (Please specify:)

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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

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

	Would not benefit at all		Would benefit somewhat		Would benefit greatly
	1	2	3	4	5
39. Population-based Needs Assessment	0	0	0	0	0
40. Selection of a behavioral, structural, or biomedical Intervention	0	0	0	0	0
41. Adaptation of a behavioral, structural, or biomedical Intervention (based on population and/or agency resources)	0	0	0	0	0
42. Planning and Implementation of a behavioral, structural, or biomedical Intervention (includes addressing fidelity, scheduling, and logistics)	0	0	0	0	0
43. Recruitment and Retention of clients/participants (includes marketing)	0	0	0	0	0
44. Cultural Competence in Prevention Activities (includes intervention adaptations to increase cultural appropriateness)	0	0	0	0	0
45. Monitoring and Evaluation of a behavioral, structural, or biomedical intervention	0	0	0	0	0
46. Other (Please specify:)	0	0	0	0	0

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End of Survey.

Thank you for your time and assistance in completing this instrument.



Submit