Form Approved

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Exp. Date xx/xx/20xx

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to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D74,

Atlanta, Georgia 30333; ATTN: PRA

(0920XXXX).

**OBGYN Telecom Training Satisfaction Survey (TTS)**

*Please indicate the extent to which you agree with each of the following statements.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | *Strongly Disagree* | *Disagree* | *Neutral* | *Agree* | *Strongly Agree* |
| 1. This training mode provided a realistic provider-patient interaction.
 | 1 | 2 | 3 | 4 | 5 |
| 1. Experiencing the standardized patient’s voice and facial expressions were helpful in this interaction.
 | 1 | 2 | 3 | 4 | 5 |
| 1. It was just as easy to talk with the patient about substance use in this interactive environment as it would be in real-world training.
 | 1 | 2 | 3 | 4 | 5 |
| 1. This mode of interacting was distracting from the content of the conversation.
 | 1 | 2 | 3 | 4 | 5 |
| 1. I noticed a delay in response time while using this method of communicating.
 | 1 | 2 | 3 | 4 | 5 |
| 1. The standardized patient was skillful and natural in the patient role.
 | 1 | 2 | 3 | 4 | 5 |
| 1. Feedback from the standardized patient was informative and useful to me.
 | 1 | 2 | 3 | 4 | 5 |
| 1. I prefer this method of training to real life role plays or simulations.
 | 1 | 2 | 3 | 4 | 5 |
| 1. Getting set up and started with this technology for training was easy enough.
 | 1 | 2 | 3 | 4 | 5 |
| 1. This mode of experiential training is an expedient method for learning how to conduct a good intervention.
 | 1 | 2 | 3 | 4 | 5 |
| 1. I plan to utilize what I’ve learned from this training in my clinical practice.
 | 1 | 2 | 3 | 4 | 5 |
| 1. Overall, the training met or exceeded my expectations.
 | 1 | 2 | 3 | 4 | 5 |

1. What did you like best about this training?
2. What suggestions do you have for improving the training?

**Thanks for your participation and feedback!**