Form Approved

OMB Form No. 0917-0036

Expiration Date:

Indian Health Service (IHS)

Community Health Representatives (CHR)

Basic Online Training Evaluation

1. What is your age?
2. 18-19
3. 20-29
4. 30-39
5. 40-49
6. 50-59
7. 60 and above
8. What is your sex?
9. Male
10. Female
11. What is the highest level of education you completed?
12. Middle School
13. Some high school
14. High school
15. Some college
16. College
17. Post graduate
18. Do you have any certifications? Yes \_\_\_\_ No \_\_\_\_\_. If yes, please select from list below.
19. CNA
20. LPN
21. EMT
22. RN
23. Other (specify) \_\_\_\_\_\_\_\_
24. How many years of experience do you have as a CHR? \_\_\_\_\_\_\_, Not Applicable \_\_\_\_\_\_\_\_
25. Is this the first time you are taking a CHR training course?Health Representative Health Represe

Yes \_\_\_\_\_ No \_\_\_\_

If no, when was the last time you took a CHR training (year) \_\_\_\_\_\_\_\_\_ and what was the mode of training

1. In-person through I/T/U
2. In-person through non I/T/U
3. Online through I/T/U
4. Online through non I/T/U
5. Do you think this CHR training was useful?
6. Yes
7. No
8. In the table below, assess your knowledge and skills before and after completing the CHR training modules. For each module, please select whether you had ‘no knowledge’, ‘some knowledge’ or ‘advanced knowledge’ for both ‘Before’ and ‘After’ CHR Training.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Modules** | **Before CHR Training** | | | **After CHR Training** | | |
|  | **No or Little Knowledge** | **Some Knowledge** | **Advanced Knowledge** | **No or Little Knowledge** | **Some Knowledge** | **Advanced Knowledge** |
| Introduction |  |  |  |  |  |  |
| Anatomy & Physiology |  |  |  |  |  |  |
| CHR Basic Skills |  |  |  |  |  |  |
| Infectious Control |  |  |  |  |  |  |
| Communicable Disease |  |  |  |  |  |  |
| Chronic Disease |  |  |  |  |  |  |
| Mental Health |  |  |  |  |  |  |
| Emergency Preparedness |  |  |  |  |  |  |
| Public Health |  |  |  |  |  |  |
| CNA Videos |  |  |  |  |  |  |

1. In the below table, select whether you found each module useful or not useful.

|  |  |  |
| --- | --- | --- |
| **Modules** | **Useful** | **Not Useful** |
|  |  |
| Introduction |  |  |
| Anatomy & Physiology |  |  |
| CHR Basic Skills |  |  |
| Infectious Control |  |  |
| Communicable Disease |  |  |
| Chronic Disease |  |  |
| Mental Health |  |  |
| Emergency Preparedness |  |  |
| Public Health |  |  |
| CNA Videos |  |  |

1. Do you feel more knowledgeable, capable and confident to utilize information acquired from this training in your work as a CHR?
2. Yes
3. No
4. Are you likely to change any behaviors/how you deliver services or apply knowledge gained from this training in your work as a CHR?
5. Not very likely
6. Somewhat likely
7. Very likely
8. Definitely
9. How likely are you to recommend this CHR training to someone?
10. Not very likely
11. Somewhat likely
12. Very likely
13. Definitely

Thank you for participating

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