



Training and Technical Assistance Follow-Up Survey

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## Training and Technical Assistance Follow-Up Survey

Form Approved  
OMB No. xxxx-xxxx  
Exp. Date: xx/xx/xxxx

The Training and Technical Assistance Follow-up Survey collects information from Centers for Disease Control and Prevention (CDC) directly funded organizations that received capacity building assistance (CBA) through training and/or technical assistance (TA) from CBA providers funded by the CDC.

Our records indicate that one or more program staff from your organization has received training, TA or a combination of both from one or more CBA providers. You have been identified by your Prevention Program Branch (PPB) project officer as the ideal point of contact for following up on the programmatic outcomes of the CBA training and/or technical assistance.

The purpose of this survey is to gather information CDC and CBA providers can use to better serve your organization as your staff seeks to start or sustain implementation of interventions and public health strategies.

Participation in this survey is voluntary. If you participate, your name and individual responses will not be reported. Your responses will be combined with the responses of others to see if there are any patterns in the feedback. Completing the questions should take approximately 18 minutes.

The results of this survey will provide valuable information that can be used to improve CBA training and technical assistance services so your organization continues to strengthen its ability to improve performance and maximize impact. Working together, we will end the HIV epidemic. We appreciate your feedback and assistance.

If you feel that you are not the correct point of contact for completing the survey, please email us at [CBAEvaluations@cdc.gov](mailto:CBAEvaluations@cdc.gov).

Start

Public reporting burden of this collection of information is estimated to average 18 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing 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: OMB-PRA (xxxx-xxxx)

Training

The following questions:

- Confirm the trainings received by your staff
- Seek your feedback about whether and how a training helped your organization
- Ask you to identify barriers to implementation of an intervention or public health strategy
- Help you request technical assistance

0 % Complete

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Summary of Trainings

Our records indicate that staff at your organization received the following classroom and/or eLearning trainings in the past 6 months. Is your organization funded by CDC to implement the intervention or public health strategy related to the training listed below?

Training Name	Funded by CDC to implement
Training #1	<input type="radio"/> Yes <input type="radio"/> No
First and last name of staff member #1 First and last name of staff member #2 First and last name of staff member #3	
Training #2	<input type="radio"/> Yes <input type="radio"/> No
First and last name of staff member #1 First and last name of staff member #2 First and last name of staff member #3	
Training #3	<input type="radio"/> Yes <input type="radio"/> No
First and last name of staff member #1 First and last name of staff member #2 First and last name of staff member #3	

Next

Save

Save and Quit

Training

The following questions:

- Confirm the trainings received by your staff
- Seek your feedback about whether and how a training helped your organization
- Ask you to identify barriers to implementation of an intervention or public health strategy
- Help you request technical assistance

5 % Complete



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Summary of Trainings

Did your staff attend the training with the intent to: 1) support health department implementation or activities (e.g., development of standard operating procedures), or 2) support implementation by partners or grantees in the field (e.g., CBOs, local health departments)?

Training Name	Primary reason for staff attending training
Training #1	<input type="radio"/> To support health department implementation or activities (e.g., development of standard operating procedures) <input type="radio"/> To support implementation by partners or grantees in the field (e.g., community-based organizations, local health departments) <input type="radio"/> Both
Training #2	<input type="radio"/> To support health department implementation or activities (e.g., development of standard operating procedures) <input type="radio"/> To support implementation by partners or grantees in the field (e.g., community-based organizations, local health departments) <input type="radio"/> Both
Training #3	<input type="radio"/> To support health department implementation or activities (e.g., development of standard operating procedures) <input type="radio"/> To support implementation by partners or grantees in the field (e.g., community-based organizations, local health departments) <input type="radio"/> Both

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Save and Quit

Training

The following questions:

- Confirm the trainings received by your staff
- Seek your feedback about whether and how a training helped your organization
- Ask you to identify barriers to implementation of an intervention or public health strategy
- Help you request technical assistance

5 % Complete



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Implementation Status

This section asks about the implementation status of each intervention or public health strategy for which your staff received training. For this survey, we define implementation as conducting the intervention with clients/patients.

What is the current status of your organization's implementation of [Prepopulated Training Name]?

- Decided not to implement
- Planning or preparing to implement, but have not started
- Implementing (Go to Question 4)
- Not applicable (staff did not take the training with an intent to implement)

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Training

The following questions:

- Confirm the trainings received by your staff
- Seek your feedback about whether and how a training helped your organization
- Ask you to identify barriers to implementation of an intervention or public health strategy
- Help you request technical assistance

10 % Complete



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Implementation Status

This section asks about the implementation status of each intervention or public health strategy for which your staff received training. For this survey, we define implementation as conducting the intervention with clients/patients.

Is your organization planning to implement [Prepopulated Training Name] within the next 12 months?

- Yes, within the next 3 months
- Yes, within the next 6 months
- Yes, within the next 12 months
- No
- Don't know/ not sure

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Training

The following questions:

- Confirm the trainings received by your staff
- Seek your feedback about whether and how a training helped your organization
- Ask you to identify barriers to implementation of an intervention or public health strategy
- Help you request technical assistance

15 % Complete



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Implementation Status

This section asks about the implementation status of each intervention or public health strategy for which your staff received training. For this survey, we define implementation as conducting the intervention with clients/patients.

Prior to training, had your organization ever implemented [Prepopulated Training Name]?

- Yes
- No
- Don't know/ not sure

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Training

The following questions:

- Confirm the trainings received by your staff
- Seek your feedback about whether and how a training helped your organization
- Ask you to identify barriers to implementation of an intervention or public health strategy
- Help you request technical assistance

20 % Complete



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Implementation Status

This section asks about the implementation status of each intervention or public health strategy for which your staff received training. For this survey, we define implementation as conducting the intervention with clients/patients.

For [Prepopulated Training Name], did your organization stop or take a break in implementing (i.e., the intervention was not delivered to clients) before staff attended this training?

- Yes
- No
- Don't know/ not sure

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Training

The following questions:

- Confirm the trainings received by your staff
- Seek your feedback about whether and how a training helped your organization
- Ask you to identify barriers to implementation of an intervention or public health strategy
- Help you request technical assistance

25 % Complete



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Implementation Status

This section asks about the implementation status of each intervention or public health strategy for which your staff received training. For this survey, we define implementation as conducting the intervention with clients/patients.

Did staff attend [Propopulated Training Name] to address the break in implementation?

- Yes
- No
- Don't know/ not sure

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Training

The following questions:

- Confirm the trainings received by your staff
- Seek your feedback about whether and how a training helped your organization
- Ask you to identify barriers to implementation of an intervention or public health strategy
- Help you request technical assistance

30 % Complete



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Implementation Status

This section asks about the implementation status of each intervention or public health strategy for which your staff received training. For this survey, we define implementation as conducting the intervention with clients/patients.

Did the training that staff received help your organization to resume implementation?

- Yes
- No
- Don't know/ not sure

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Training

The following questions:

- Confirm the trainings received by your staff
- Seek your feedback about whether and how a training helped your organization
- Ask you to identify barriers to implementation of an intervention or public health strategy
- Help you request technical assistance

35 % Complete

Implementation Status

This section asks about the implementation as conducting

Do you know how to request

Yes

No

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How to request TA

- To request CBA services, an organization should take the following steps:
  - CDC directly-funded organizations:
    - Check with your CDC Project Officer.
    - Submit a CBA Tracking System (CTS) request at <https://www.cdc.gov/CTS>.
  - Organizations that are not directly-funded by CDC:
    - Contact the CDC-funded health department in your jurisdiction to submit a CTS request for you.
    - A list of health department CTS users, who can submit CTS requests on behalf of other organizations, can be found at the Health Department CTS Users tab on <https://www.cdc.gov/CTS>.
  - For assistance with CTS, contact [cdccts@cdc.gov](mailto:cdccts@cdc.gov).

Close

Barriers Affecting Implementation

To what extent have you encountered the following barriers to implementing [Prepopulated Training Name #1]?

Barriers	Not at all	Very little	Somewhat	To a great extent	Don't know/ not sure	Not applicable
Difficulty recruiting target population	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficulty retaining target population	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficulty adapting the intervention/ public health strategy to our clients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Turnover of trained staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of funding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of time to implement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of frontline staff buy-in about the use of the intervention/ public health strategy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intervention/ public health strategy is too complicated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of knowledge about how to implement the intervention/ public health strategy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Implementing this intervention/ public health strategy is not a priority for our organization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Which other barriers have you encountered?

<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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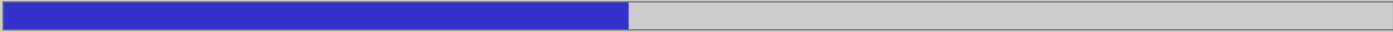
Save and Quit

Training

The following questions:

- Confirm the trainings received by your staff
- Seek your feedback about whether and how a training helped your organization
- Ask you to identify barriers to implementation of an intervention or public health strategy
- Help you request technical assistance

45 % Complete



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Barriers Affecting Implementation

Does your organization want to be contacted by a CBA provider to get additional training and/or technical assistance to help your organization address the following implementation barriers that you identified for [Prepopulated Training Name]?

	Intervention Name	Contact me
Barrier #1		<input type="checkbox"/>
Barrier #2		<input type="checkbox"/>
Barrier #3		<input type="checkbox"/>
Other	<input type="text"/>	<input type="checkbox"/>

**Contact**

We will have a CBA provider to contact you so that you can get additional training and/or technical assistance.

**Close**

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Technical Assistance

The following questions:

- Confirm the technical assistance (TA) received by your staff
- Seek your feedback about whether and how TA helped your organization
- Help you request additional TA

45 % Complete



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Summary of Technical Assistance (TA) Requests

Our records indicate that, in the past 6 months, staff at your organization completed the TA requests listed in the table below. (Note: If desired, use the CTS request number below to access full details of the TA provided.)

CTS Request #	Request Date
[CTS Request #]	[Date]
[First and last name of staff member]	
[CTS Request #]	[Date]
[First and last name of staff member]	
[CTS Request #]	[Date]
[First and last name of staff member]	

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Save and Quit

## Overall Quality of TA

Thinking about your organization's overall experience related to all of the TA that your staff received during the past 6 months, please respond to the following questions.

Overall, to what extent do you agree with the following statements about the TA that staff received in the past 6 months?

	Strongly agree	Agree	Disagree	Strongly disagree	Don't know/ not sure	Not applicable
<b>Timeliness</b>						
The TA was delivered in a timely manner (i.e., the length of time between requesting TA and completing TA)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Relevance</b>						
The TA was what our organization requested (e.g., covered the correct topic)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The TA was appropriate for our organization's policies, practices, and procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The TA was appropriate for our local context (e.g., economic, political, and cultural conditions)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Usefulness</b>						
The TA was what our organization needed (e.g., addressed a problem that my organization faces)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The TA provided solutions that improved our work with our target population(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Overall Quality</b>						
The TA improved my organization's ability to provide services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The TA led to changes in program practices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The TA led to changes in organizational policies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Save and Quit

Technical Assistance

The following questions:

- Confirm the technical assistance (TA) received by your staff
- Seek your feedback about whether and how TA helped your organization
- Help you request additional TA

50 % Complete

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Overall Quality of TA

Thinking about your organization's overall experience related to all of the TA that your staff received during the past 6 months, please respond to the following questions.

When you selected disagree or strongly disagree, were you thinking about a specific CTS request number?

Yes

No

Not sure/ Don't know

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Save and Quit



Technical Assistance

The following questions:

- Confirm the technical assistance (TA) received by your staff
- Seek your feedback about whether and how TA helped your organization
- Help you request additional TA

55 % Complete



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Overall Quality of TA

Thinking about your organization's overall experience related to all of the TA that your staff received during the past 6 months, please respond to the following questions.

Select the related CTS request number and describe areas of concern or unmet expectations.

CTS Request #	Area(s) of concern or unmet expectations
[CTS Request #]	<input type="text"/>
[First and last name of staff member]	
[CTS Request #]	<input type="text"/>
[First and last name of staff member]	

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Save and Quit

Technical Assistance

The following questions:

- Confirm the technical assistance (TA) received by your staff
- Seek your feedback about whether and how TA helped your organization
- Help you request additional TA

55 % Complete



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Overall Quality of TA

Thinking about your organization's overall experience related to all of the TA that your staff received during the past 6 months, please respond to the following questions.

Do you have any suggestions for improving TA services, events, activities, products, or resources?

- Yes
- No
- Not sure/ Don't know

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Save and Quit

Technical Assistance

The following questions:

- Confirm the technical assistance (TA) received by your staff
- Seek your feedback about whether and how TA helped your organization
- Help you request additional TA

60 % Complete



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Overall Quality of TA

Thinking about your organization's overall experience related to all of the TA that your staff received during the past 6 months, please respond to the following questions.

Please share your suggestions for improving TA services, events, activities, products, or resources.

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Save and Quit

Technical Assistance

The following questions:

- Confirm the technical assistance (TA) received by your staff
- Seek your feedback about whether and how TA helped your organization
- Help you request additional TA

65 % Complete

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Use of TA

How did your organization use the TA obtained during the past 6 months (i.e., since completing TA)? (Select all that apply.)

To implement **clinical HIV testing**, specifically to:

- Assess needs
- Assess resources
- Set goals and desired outcomes
- Address post-training barriers (e.g., individualized staff skill development)
- Assess structural supports in place (e.g., supportive policies, necessary technology)
- Select an intervention or public health strategy
- Plan implementation of an intervention or public health strategy
- Assess organizational capacity to implement an intervention or public health strategy
- Increase organizational capacity to implement an intervention or public health strategy
- Assess sustainability of an intervention or public health strategy
- Plan sustainability of an intervention or public health strategy
- Evaluate the effectiveness of the implemented intervention or public health strategy
- Other

To implement **nonclinical HIV testing**, specifically to:

- Assess needs
- Assess resources
- Set goals and desired outcomes
- Address post-training barriers (e.g., individualized staff skill development)
- Assess structural supports in place (e.g., supportive policies, necessary technology)
- Select an intervention or public health strategy
- Plan implementation of an intervention or public health strategy
- Assess organizational capacity to implement an intervention or public health strategy
- Increase organizational capacity to implement an intervention or public health strategy
- Assess sustainability of an intervention or public health strategy
- Plan sustainability of an intervention or public health strategy
- Evaluate the effectiveness of the implemented intervention or public health strategy
- Other

To implement **services to prevent new HIV infections and reduce transmission of HIV for persons with HIV**, specifically to:

- Assess needs
- Assess resources
- Set goals and desired outcomes
- Address post-training barriers (e.g., individualized staff skill development)
- Assess structural supports in place (e.g., supportive policies, necessary technology)
- Select an intervention or public health strategy
- Plan implementation of an intervention or public health strategy
- Assess organizational capacity to implement an intervention or public health strategy
- Increase organizational capacity to implement an intervention or public health strategy
- Assess sustainability of an intervention or public health strategy
- Plan sustainability of an intervention or public health strategy
- Evaluate the effectiveness of the implemented intervention or public health strategy
- Other

To implement **services to prevent new HIV infections and reduce transmission of HIV for HIV-negative persons**, specifically to:

- Assess needs
- Assess resources
- Set goals and desired outcomes
- Address post-training barriers (e.g., individualized staff skill development)
- Assess structural supports in place (e.g., supportive policies, necessary technology)
- Select an intervention or public health strategy
- Plan implementation of an intervention or public health strategy
- Assess organizational capacity to implement an intervention or public health strategy
- Increase organizational capacity to implement an intervention or public health strategy
- Assess sustainability of an intervention or public health strategy
- Plan sustainability of an intervention or public health strategy
- Evaluate the effectiveness of the implemented intervention or public health strategy
- Other

For **HIV activities integration**, specifically to:

- Assess needs
- Assess resources
- Set goals and desired outcomes
- Address post-training barriers (e.g., individualized staff skill development)
- Assess structural supports in place (e.g., supportive policies, necessary technology)
- Select an intervention or public health strategy
- Plan implementation of an intervention or public health strategy
- Assess organizational capacity to implement an intervention or public health strategy
- Increase organizational capacity to implement an intervention or public health strategy
- Assess sustainability of an intervention or public health strategy
- Plan sustainability of an intervention or public health strategy
- Evaluate the effectiveness of the implemented intervention or public health strategy
- Other

To implement **structural interventions**, specifically to:

- Assess needs
- Assess resources
- Set goals and desired outcomes
- Address post-training barriers (e.g., individualized staff skill development)
- Assess structural supports in place (e.g., supportive policies, necessary technology)
- Select an intervention or public health strategy
- Plan implementation of an intervention or public health strategy
- Assess organizational capacity to implement an intervention or public health strategy
- Increase organizational capacity to implement an intervention or public health strategy
- Assess sustainability of an intervention or public health strategy
- Plan sustainability of an intervention or public health strategy
- Evaluate the effectiveness of the implemented intervention or public health strategy
- Other

Other

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Save and Quit

Technical Assistance

The following questions:

- Confirm the technical assistance (TA) received by your staff
- Seek your feedback about whether and how TA helped your organization
- Help you request additional TA

65 % Complete



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Barriers to Using TA

Is your organization experiencing barriers to applying the TA received?

- Yes
- No
- Not sure/ Don't know

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Technical Assistance

The following questions:

- Confirm the technical assistance (TA) received by your staff
- Seek your feedback about whether and how TA helped your organization
- Help you request additional TA

70 % Complete



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Barriers to Using TA

Please describe the barriers.

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Technical Assistance

The following questions:

- Confirm the technical assistance (TA) received by your staff
- Seek your feedback about whether and how TA helped your organization
- Help you request additional TA

75 % Complete



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Barriers to Using TA

Will additional TA from CDC help you to address the barrier(s)?

- Yes
- No
- Not sure/ Don't know

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Technical Assistance

The following questions:

- Confirm the technical assistance (TA) received by your staff
- Seek your feedback about whether and how TA helped your organization
- Help you request additional TA

80 % Complete



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Barriers to Using TA

What additional assistance do you think would help your organization to address the barriers?

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[Technical Assistance](#)

Click on "submit" to confirm your responses and complete the survey. Upon successful submission, you will be redirected to the Effective Interventions webpage.

Thank you for your participation! Please contact [CBAEvaluations@cdc.gov](mailto:CBAEvaluations@cdc.gov) if you have any questions about the survey.

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