

# Attachment 8. CDC TRAIN Delayed Follow-Up Training Evaluation Tool

## OMB TEST Delayed Follow-Up Evaluation Tool

Form Approved  
OMB No. 0920-0017  
Expiration Date: XX/XX/XXXX

Please take a moment to give us your honest feedback about this course. Your comments will help us improve future educational activities.

Click 'Start Evaluation' button to start the evaluation.

Public reporting burden of this collection of information is estimated to average 2 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: ATTN: PRA (0920-0017).

Start

### Question 1 of 7

Did you use anything you learned in this course in your work?

- Yes
- No

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### Question 2 of 7

What factors kept you from using the content of this course in your work? Please select all that apply.

- None, I have used this content in my work
- I need additional training in the subject matter
- I did not remember the course content well enough to use it
- I did not have the resources I needed in my workplace
- I did not have the opportunities to use what I learned
- I did not have the time to use what I learned
- My supervisor did not support me in using what I learned
- My colleagues did not support me in using what I learned
- The course content was not relevant to my work
- Other, please specify:

### Question 3 of 7

What factors helped you use the content of this course in your work? Please select all that apply.

- I had reminders (job aids, tip sheets, emails, etc.) of key learning concepts or skills
- I had the resources I needed in my workplace
- I had opportunities to apply what I learned
- My supervisor supported me in using what I learned
- My colleagues supported me in using what I learned
- Other, please specify:
- Not applicable, I did not use what I learned in this course in my work

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### Question 4 of 7



What, if anything, did you use from this course?

**Answer:**

### Question 5 of 7



As a result of this course, I have: (select all that apply)

- Not improved
- Maintained my competence
- Increased my competence
- Improved my performance
- Provided clinical interventions in practice
- Developed strategies I use in practice
- Other, please specify:
- Not applicable, I did not use anything from this course

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### Question 6 of 7



How did you benefit your team as a result of what you learned? (select all that apply)

- I provided better communication across my interprofessional team(s) (any team with people from different professions)
- I shared information with colleagues to improve patient education
- I identified changes needed in practice
- I increased participation in shared decision making across my interprofessional team(s) (any team with people from different professions)
- Other, please specify:
- Not applicable, I did not learn from the course and/or will not benefit my team

### Question 7 of 7



Have you recommended this course to anyone else?

- Yes
- No

Thank you for your time.