**Survey Instrument of Participants Informally Viewing Project Firstline Training Videos**

**Through CDC Train**

**(no continuing education credit awarded)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Which of the following best describes your professional role? (Select one.) | 🔿 | | 1. Physician | | | |
| 🔿 | | 1. Physician assistant | | | |
| 🔿 | | 1. Advanced practice nurse (e.g. nurse practitioner) | | | |
| 🔿 | | 1. Registered nurse (RN) | | | |
| 🔿 | | 1. Licensed practical nurse (LPN) | | | |
| 🔿 | | 1. Nursing/medical assistant 2. Dentist/dental hygienist | | | |
| 🔿 | | 1. Technician (ex: radiology, surgical, pharmacy, etc.) | | | |
| 🔿 | | 1. Pharmacist | | | |
| 🔿 | | 1. Therapist (ex: physical, occupational, respiratory, etc.) | | | |
| 🔿 | | 1. Environmental/facility services (e.g. EVS staff, facility manager, facility engineers) | | | |
| 🔿 | | 1. Social and community services | | | |
| 🔿 | | 1. Healthcare administrator (e.g. clinic or hospital directors, CEO’s) | | | |
| 🔿 | | 1. Non-clinical staff (e.g. HR personnel, marketing communications, quality/patient safety, clerical) | | | |
| 🔿 | | 1. Emergency medical technician/paramedic | | | |
| 🔿 | | 1. Laboratory staff | | | |
| 🔿 | | 1. Public health professional | | | |
| 🔿 | | 1. None of the above | | | |
| Which of the following best describes your primary workplace? (Select one.) | 🔿 | 1. Acute care hospital | | | | | | |
| 🔿 | 1. Critical access hospital | | | | | | |
| 🔿 | 1. Long-term acute care hospital or inpatient rehabilitation facility | | | | | | |
| 🔿 | 1. Skilled nursing facility (nursing home) | | | | | | |
| 🔿 | 1. Assisted living facility | | | | | | |
| 🔿 | 1. Dialysis facility (outpatient) | | | | | | |
| 🔿 | 1. Outpatient ambulatory care—not dialysis (e.g. medical, surgical, behavioral health clinic) 2. Pharmacy | | | | | | |
| 🔿 | 1. Dental facility | | | | | | |
| 🔿 | 1. Home health | | | | | | |
| 🔿 | 1. Health department | | | | | | |
|  | 🔿 | | i)State health department | | | | |
|  | | 🔿 | ii)Territorial health department | | | |
|  | | 🔿  🔿 | iii)Local health department  iv)Tribal health department | | | |
| 🔿 | | None of the above | | | | |
| What state, territory, or IHS region do you work? You can make up to two selections. | 🔿  🔿 | | IHS Area – National  IHS Area – Alaska | | | | |
| 🔿 | | IHS Area – Albuquerque | | | | |
| 🔿 | | IHS Area – Bemidji | | | | |
| 🔿 | | IHS Area – Billings | | | | |
| 🔿 | | IHS Area – California | | | | |
| 🔿 | | IHS Area – Great Plains | | | | |
| 🔿 | | IHS Area – Nashville | | | | |
| 🔿 | | IHS Area – Navajo | | | | |
| 🔿 | | IHS Area – Oklahoma | | | | |
| 🔿 | | IHS Area – Phoenix | | | | |
| 🔿 | | IHS Area – Portland | | | | |
| 🔿 | | IHS Area – Tucson | | | | |
| 🔿 | | Alabama | | | | |
| 🔿 | | Alaska | | | | |
| 🔿 | | American Samoa | | | | |
| 🔿 | | Arizona | | | | |
| 🔿 | | Arkansas | | | | |
| 🔿 | | California | | | | |
| 🔿 | | Colorado | | | | |
| 🔿 | | Connecticut | | | | |
| 🔿 | | Delaware | | | | |
| 🔿 | | District of Columbia | | | | |
| 🔿 | | Federated States of Micronesia | | | | |
| 🔿 | | Florida | | | | |
| 🔿 | | Georgia | | | | |
| 🔿 | | Guam | | | | |
| 🔿 | | Hawaii | | | | |
| 🔿 | | Idaho | | | | |
| 🔿 | | Illinois | | | | |
| 🔿 | | Indiana | | | | |
| 🔿 | | Iowa | | | | |
| 🔿 | | Kansas | | | | |
| 🔿 | | Kentucky | | | | |
| 🔿 | | Louisiana | | | | |
| 🔿 | | Maine | | | | |
| 🔿 | | Marshall Islands | | | | |
| 🔿 | | Maryland | | | | |
| 🔿 | | Massachusetts | | | | |
| 🔿 | | Michigan | | | | |
| 🔿 | | Minnesota | | | | |
| 🔿 | | Mississippi | | | | |
| 🔿 | | Missouri | | | | |
| 🔿 | | Montana | | | | |
| 🔿 | | Nebraska | | | | |
| 🔿 | | Nevada | | | | |
| 🔿 | | New Hampshire | | | | |
| 🔿 | | New Jersey | | | | |
| 🔿 | | New Mexico | | | | |
| 🔿 | | New York | | | | |
| 🔿 | | North Carolina | | | | |
| 🔿 | | North Dakota | | | | |
| 🔿 | | Northern Mariana Islands | | | | |
| 🔿 | | Ohio | | | | |
| 🔿 | | Oklahoma | | | | |
| 🔿 | | Oregon | | | | |
| 🔿 | | Palau | | | | |
| 🔿 | | Pennsylvania | | | | |
| 🔿 | | Puerto Rico | | | | |
| 🔿 | | Rhode Island | | | | |
| 🔿 | | South Carolina | | | | |
| 🔿 | | South Dakota | | | | |
| 🔿 | | Tennessee | | | | |
| 🔿 | | Texas | | | | |
| 🔿 | | Utah | | | | |
| 🔿 | | Vermont | | | | |
| 🔿 | | Virgin Islands | | | | |
| 🔿 | | Virginia | | | | |
| 🔿 | | Washington | | | | |
| 🔿 | | West Virginia | | | | |
| 🔿 | | Wisconsin | | | | |
| 🔿 | | Wyoming | | | | |
| 🔿 | | N/A: Outside of the U.S | | | | |
| Would you recommend this training to others? (Select one.) | 🔿**Yes** | | | | 🔿**No** | 🔿**Not sure** | |
| Has your overall understanding of [insert course topic i.e., COVID-19 and infection control] improved after this training? (Select one.) | 🔿**Yes** | | | | 🔿**No** | 🔿**Not sure** | |