

**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.)	☐ a) Physician ☐ b) Physician assistant ☐ c) Advanced practice nurse (e.g. nurse practitioner) ☐ d) Registered nurse (RN) ☐ e) Licensed practical nurse (LPN) ☐ f) Nursing/medical assistant ☐ g) Dentist/dental hygienist ☐ h) Technician (ex: radiology, surgical, pharmacy, etc.) ☐ i) Pharmacist ☐ j) Therapist (ex: physical, occupational, respiratory, etc.) ☐ k) Environmental/facility services (e.g. EVS staff, facility manager, facility engineers) ☐ l) Social and community services ☐ m) Healthcare administrator (e.g. clinic or hospital directors, CEO's) ☐ n) Non-clinical staff (e.g. HR personnel, marketing communications, quality/patient safety, clerical) ☐ o) Emergency medical technician/paramedic ☐ p) Laboratory staff ☐ q) Public health professional ☐ r) None of the above
Which of the following best describes your primary workplace? (Select one.)	☐ a) Acute care hospital ☐ b) Critical access hospital ☐ c) Long-term acute care hospital or inpatient rehabilitation facility ☐ d) Skilled nursing facility (nursing home) ☐ e) Assisted living facility ☐ f) Dialysis facility (outpatient) ☐ g) Outpatient ambulatory care—not dialysis (e.g. medical, surgical, behavioral health clinic) ☐ h) Pharmacy ☐ i) Dental facility ☐ j) Home health ☐ k) Health department ☐ i) State health department ☐ ii) Territorial health department

Public reporting burden of this collection of information is estimated to average 3 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 H21-8, Atlanta, Georgia 30333; ATTN: PRA 0920-1071

	☐ 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