

## Survey #1 – ETMS2 Beginner Training Survey

OMB CONTROL NUMBER: 0704-0553

OMB EXPIRATION DATE: 5/31/2025

### AGENCY DISCLOSURE NOTICE

The public reporting burden for this collection of information, 0704-0553, is estimated to average 10 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. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at [whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil](mailto:whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

1. Date of Class Attendance
  - a. *[Date]*
2. What organization are you with?
  - a. *[Pick List]*
3. Was the training conducted virtually or in-person?
  - a. *[Multiple Choice]*
4. Which training Session did you Attend? (AM/PM)
  - a. *[Multiple Choice]*
5. I am satisfied with this training.
  - a. *[Strongly Disagree – Strongly Agree Scale (NOTE: ALL LIKERT SCALE QUESTIONS ARE ON A FIVE-POINT SCALE)]*
6. This training has increased my knowledge of Task Management Tool (TMT).
  - a. *[Strongly Disagree – Strongly Agree Scale]*
7. The instructor was knowledgeable about the material.
  - a. *[Strongly Disagree – Strongly Agree Scale]*
8. The pace of this training was appropriate.
  - a. *[Strongly Disagree – Strongly Agree Scale]*
9. The objectives of the training were articulated at the beginning and met by the end of training.
  - a. *[Strongly Disagree – Strongly Agree Scale]*
10. After the training, I understand how to create a Tasker in TMT.
  - a. *[Strongly Disagree – Strongly Agree Scale]*
11. After the training, I understand how to Assign a Tasker and track the Tasker status in TMT.
  - a. *[Strongly Disagree – Strongly Agree Scale]*
12. After the training, I understand how to Accept and Respond to a Tasker.
  - a. *[Strongly Disagree – Strongly Agree Scale]*
13. If you Disagree or Strongly Disagree with any of the above questions, please provide comments on how we can improve the TMT training. Please do not include any PII in your response.
  - a. *[Open Ended]*
14. Was there a specific topic area that could have been presented better?

- a. *[Yes/No]*
- 15. Was there a specific topic area that could have been presented better? If Yes, indicate the topic area and what was lacking. Please do not include any PII in your response.
  - a. *[Open Ended]*
- 16. Was there a topic area that was not covered that you feel should have been?
  - a. *[Yes/No]*
- 17. Was there a topic area that was not covered that you feel should have been? If Yes, please elaborate on the topic area that should have been covered. Please do not include any PII in your response.
  - a. *[Open Ended]*
- 18. Please provide any overall thoughts and/or feedback on the TMT training. Please do not include any PII in your response.
  - a. *[Open Ended]*

## Survey #2 – ETMS2 Advanced Training Survey

OMB CONTROL NUMBER: 0704-0553

OMB EXPIRATION DATE: 5/31/2025

### AGENCY DISCLOSURE NOTICE

The public reporting burden for this collection of information, 0704-0553, is estimated to average 10 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. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at [whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil](mailto:whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

1. Date of Class Attendance
  - a. *[Date]*
2. What organization are you with?
  - a. *[Pick List]*
3. Was this training conducted virtually or in-person?
  - a. *[Multiple Choice]*
4. Which training Session did you Attend? (AM/PM)
  - a. *[Multiple Choice]*
5. I am satisfied with this training.
  - a. *[Strongly Disagree – Strongly Agree Scale]*
6. This training has increased my knowledge of Task Management Tool (TMT).
  - a. *[Strongly Disagree – Strongly Agree Scale]*
7. The instructor was knowledgeable about the material.
  - a. *[Strongly Disagree – Strongly Agree Scale]*
8. The pace of this training was appropriate.
  - a. *[Strongly Disagree – Strongly Agree Scale]*
9. The objectives of the training were articulated at the beginning and met by the end of training.
  - a. *[Strongly Disagree – Strongly Agree Scale]*
10. After the training, I understand how to perform searches.
  - a. *[Strongly Disagree – Strongly Agree Scale]*
11. After the training, I understand how to create a custom view.
  - a. *[Strongly Disagree – Strongly Agree Scale]*
12. After the training, I understand how to create templates.
  - a. *[Strongly Disagree – Strongly Agree Scale]*
13. If you Disagree or Strongly Disagree with any of the above questions, please provide comments on how we can improve the TMT training. Please do not include any PII in your response.

- a. *[Open Ended]*
- 14. Was there a specific topic area that could have been presented better?
  - a. *[Yes/No]*
- 15. Was there a specific topic area that could have been presented better? If Yes, indicate the topic area and what was lacking. Please do not include any PII in your response.
  - a. *[Open Ended]*
- 16. Was there a topic area that was not covered that you feel should have been?
  - a. *[Yes/No]*
- 17. Was there a topic area that was not covered that you feel should have been? If Yes, please elaborate on the topic area that should have been covered. Please do not include any PII in your response.
  - a. *[Open Ended]*
- 18. Please provide any overall thoughts and/or feedback on the TMT training.
  - a. *[Open Ended]*

### Survey #3 – ETMS2 Train-the-Trainer Survey

OMB CONTROL NUMBER: 0704-0553

OMB EXPIRATION DATE: 5/31/2025

#### AGENCY DISCLOSURE NOTICE

The public reporting burden for this collection of information, 0704-0553, is estimated to average 10 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. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at [whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil](mailto:whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

1. Date of Class Attendance
  - a. *[Date]*
2. What organization are you with?
  - a. *[Pick List]*
3. Was the training conducted virtually or in-person?
  - a. *[Multiple Choice]*
4. I am satisfied with this training.
  - a. *[Strongly Disagree – Strongly Agree Scale]*
5. This training has increased my knowledge of Task Management Tool (TMT).
  - a. *[Strongly Disagree – Strongly Agree Scale]*
6. The instructor was knowledgeable about the material.
  - a. *[Strongly Disagree – Strongly Agree Scale]*
7. The pace of this training was appropriate.
  - a. *[Strongly Disagree – Strongly Agree Scale]*
8. The objectives of the training were articulated at the beginning and met by the end of training.
  - a. *[Strongly Disagree – Strongly Agree Scale]*
9. After the training, I understand how to perform searches and create custom views.
  - a. *[Strongly Disagree – Strongly Agree Scale]*
10. After the training, I understand how to utilize TMT Dashboards.
  - a. *[Strongly Disagree – Strongly Agree Scale]*
11. After the training, I understand how to create templates.
  - a. *[Strongly Disagree – Strongly Agree Scale]*
12. After the training, I feel comfortable instructing others on the basic concepts of TMT.
  - a. *[Strongly Disagree – Strongly Agree Scale]*

13. After the training, I feel comfortable helping other users with basic TMT troubleshooting.  
a. *[Strongly Disagree – Strongly Agree Scale]*
14. If you Disagree or Strongly Disagree with any of the above questions, please provide comments on how we can improve the TMT training. Please do not include any PII in your response.  
a. *[Open Ended]*
15. Was there a specific topic area that could have been presented better?  
a. *[Yes/No]*
16. Was there a specific topic area that could have been presented better? If Yes, please indicate the topic area and what was lacking. Please do not include any PII in your response.  
a. *[Open Ended]*
17. Was there a topic area that was not covered that you feel should have been?  
a. *[Yes/No]*
18. Was there a topic area that was not covered that you feel should have been? If Yes, please elaborate on the topic area that should have been covered. Please do not include any PII in your response.  
a. *[Open Ended]*
19. Please provide any overall thoughts and/or feedback on the TMT training. Please do not include any PII in your response.  
a. *[Open Ended]*

## Survey #4 – ETMS2 Senior Leader Approval Process Survey

OMB CONTROL NUMBER: 0704-0553

OMB EXPIRATION DATE: 5/31/2025

### AGENCY DISCLOSURE NOTICE

The public reporting burden for this collection of information, 0704-0553, is estimated to average 10 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. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at [whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil](mailto:whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

1. Date of Class Attendance
  - a. *[Date]*
2. What organization are you with?
  - a. *[Pick List]*
3. Was the training conducted virtually or in-person?
  - a. *(Multiple Choice)*
4. I am satisfied with this training.
  - a. *[Strongly Disagree – Strongly Agree Scale]*
5. This training has increased my knowledge of Task Management Tool (TMT).
  - a. *[Strongly Disagree – Strongly Agree Scale]*
6. The instructor was knowledgeable about the material.
  - a. *[Strongly Disagree – Strongly Agree Scale]*
7. The pace of this training was appropriate.
  - a. *[Strongly Disagree – Strongly Agree Scale]*
8. The objectives of the training were articulated at the beginning and met by the end of training.
  - a. *[Strongly Disagree – Strongly Agree Scale]*
9. After the training, I understand the features of the Senior Leader Approval Process page.
  - a. *[Strongly Disagree – Strongly Agree Scale]*
10. After the training, I understand how to build and execute a Senior Leader Approval Route.
  - a. *[Strongly Disagree – Strongly Agree Scale]*

11. After the training, I understand how to define Lead Organization, Legal Review, and Consolidated Responses.
  - a. *[Strongly Disagree – Strongly Agree Scale]*
12. If you Disagree or Strongly Disagree with any of the above questions, please provide comments on how we can improve the TMT training. Please do not include any PII in your response.
  - a. *[Open Ended]*
13. Was there a specific topic area that could have been presented better?
  - a. *[Yes/No]*
14. Was there a specific topic area that could have been presented better? If Yes, indicate the topic area and what was lacking. Please do not include any PII in your response.
  - a. *[Open Ended]*
15. Was there a topic area that was not covered that you feel should have been?
  - a. *[Yes/No]*
16. Was there a topic area that was not covered that you feel should have been? If Yes, please elaborate on the topic area that should have been covered. Please do not include any PII in your response.
  - a. *[Open Ended]*
17. Please provide any overall thoughts and/or feedback on the TMT training. Please do not include any PII in your response.
  - a. *[Open Ended]*