



DEPARTMENT OF DEFENSE  
**HEARING CENTER  
OF EXCELLENCE**

JHASIR Training Survey

Thank you for participating in the DoD Hearing Center of Excellence JHASIR Training Survey. Your feedback is very important to us and will be used to improve JHASIR Training.

OMB Control Number: 0704-0553

Expiration Date: XX/XX/XXXX

**AGENCY DISCLOSURE NOTICE**

The public reporting burden for this collection of information, OMB # 0704-0553 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. 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.



## JHASIR Training Survey

1. Did the course content explain information and concepts clearly?

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

2. How would you rate the quality of multimedia (audio, video) in the course?

- Extremely helpful
- Very helpful
- Somewhat helpful
- Not so helpful
- Not at all helpful

3. How would your rate the overall quality of the training course?

- Extremely helpful
- Very helpful
- Somewhat helpful
- Not so helpful
- Not at all helpful

4. How would you rate your instructor's knowledge of the material?

- Far above average
- Above average
- Average
- Below average
- Far below average

5. How would you rate your instructor's presentation of the course content?

- Extremely clear
- Very clear
- Somewhat clear
- Not so clear
- Not at all clear

6. Do you believe JHASIR will be beneficial to your patient care and/or other services you provide?

- Very likely
- Likely
- Neither likely nor unlikely
- Unlikely
- Very unlikely

7. How will you utilize JHASIR to conduct your current activities? (Please do not include any personal identifiable information)