

## Attachment C: RPHWTNP Trainee Survey

Question No.	Question	Skip Logic	Response Options	Required	Valid Response Restriction
<p>The following survey is designed to assess information on behalf of the Health Resources and Services Administration (HRSA) for the Rural Public Health Workforce Training Network Program (RPHWTN) administered by the Federal Office of Rural Health Policy (FORHP). The purpose of this survey is to understand the population who may benefit from rural health training programs and the training needs of the those enrolled in this program. Please note that your responses within this survey are completely confidential and will never be shared with your employer, your training organization, or anyone outside of the Health Resources and Services Administration.</p> <p>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. The OMB control number for this information collection is <b>0915/0392</b> and it is valid until <b>08/31/2026</b>. This information collection is <b>voluntary</b>. Public reporting burden for this collection of information is estimated to average <b>0.25</b> hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or <a href="mailto:paperwork@hrsa.gov">paperwork@hrsa.gov</a>.</p>					
<b>Today's Training</b>					
1	Are you participating/ did you participate in a training today?		No	*	
			Yes		
2	Did you receive this survey link due to your participation in a past training?	Skip to Q3	No, I did not participate in a past training.	*	
		Skip to Q4	Yes, I did participate in a past training.		
3	Please indicate how received this survey link.	Skip to end of survey.	Free-text		250 character limit
4	We are only collecting data from individuals 18 and over for this program. Are you <b>under the age of 18</b> ?		No, I am 18 years old, or older.	*	
		Skip to end of survey.	Yes, I am under the age of 18.		
5	Please indicate your age.		18-19 years old	*	Dropdown
			20-24 years old		
			25-39 years old		
			30-34 years old		
			35-39 years old		
			40-44 years old		
			45-49 years old		
			50-54 years old		

			55-59 years old		
			60-64 years old		
			65-69 years old		
			70-74 years old		
			75-79 years old		
			80-84 years old		
			85+ years old		
			I prefer not to answer		
6	What training did you complete?	Skip to Q8	behavioral health	*	
			care coordination		
			case management		
			community health workers		
			community paramedicine		
			COVID-related topics		
			community awareness		
			cybersecurity		
			doula services		
			electronic health records (EHR)		
			emergency medical technician (EMT)		
			health IT		
			HIPAA compliance		
			insurance benefits counseling		
			medical assistant		
			medical billing and coding		
			nursing		
			peer recovery/ peer support		
			respiratory care		
			telehealth		
		Skip to Q7	None of the above.		
7	Please indicate what training you completed.		Free-text		
8	Was the content of this training new to you or was it information that you were		Likert scale (Not familiar at all - Extremely familiar)	*	

	already familiar with? Please rank your level of familiarity with the information presented in this training. The content of this training was...				
9	Do you feel like you had access to all of the necessary resources to help you successfully complete this training?	Skip to Q10	No	*	
		Skip to Q11	Yes		
10	What resources would you have needed to help you be more successful in completing this training?		Free-text		250 character limit
11	Do you feel that this training expanded your knowledge base and/or skill set?		No	*	
			Yes		
			Unsure. Please explain [free-text]		
12	How likely are you to use the knowledge/skills gained from this training in your current or future job?		Likert scale (Extremely unlikely - Extremely likely)	*	
<b>Demographics</b>					
13	Please check all the following that you identify as:		White	*	
			Black or African American		
			American Indian or Alaska Native		
			Asian		
			Native Hawaiian or Other Pacific Islander		
			I prefer a different term [free-text]		
			I prefer not to answer		
14	Do you identify as Hispanic or Latino/Latina/Latinx?		Yes	*	
			No		
			I prefer not to answer		
15	What is the primary language that you speak <b>at home</b> ?		English	*	
			Spanish		
			Not listed here - please indicate what language you speak at home [free-text]		
16	What language(s) do you speak <b>at work</b> ? (Select all that apply.)		Free-text	*	

17	Where are you currently located? Please indicate the state and country where you currently live.		State [dropdown]	*	
			County [dropdown]		
18	What is the ZIP code where you currently live?		Free-text, numeric		5 digits
<b>Background</b>					
19	What is the highest level of education you have completed?		High school diploma/ GED	*	
			Associate's Degree		
			Bachelor's Degree		
			Postgraduate Degree - Master's Level. Please specify what degree: [free-text]		
			Postgraduate Degree - PhD Level. Please specify what degree: [free-text]		
			None of the above.		
20	Have you completed any trainings or coursework in the past 5 years?	Skip to Q22	No	*	
			Yes		
21	Which topics have you successfully completed trainings on in the past 5 years? These can include professional certifications, standalone trainings, etc. Select all that apply.	Skip to Q23	behavioral health	*	
			care coordination		
			case management		
			community health workers		
			community paramedicine		
			COVID-related topics		
			cultural competence		
			cybersecurity		
			doula services		
			electronic health records (EHR)		
			emergency medical technician (EMT)		
			health IT		
			HIPAA compliance		
			insurance benefits counseling		
			medical assistant		
			medical billing and coding		
			nursing		
			peer recovery/ peer support		
			respiratory care		

			telehealth		
		Skip to Q22	None of the above.		
22	Please indicate what other topics have you completed trainings on in the <u>past 5 years.</u>		Free-text		250 character limit
23	Are you currently employed?		No, I am not currently employed.	*	
			Yes, I am currently employed at <u>1 job.</u>		
			Yes, I am currently employed at <u>2 or more jobs.</u>		
24	Please select your current type of employment: (Select all that apply.)		Part-time (less than 35 hours/week)	*	
			Full-time (35 hours or more/week)		
			Contract		
			Self-employed		
25	I currently work in the following industry/industries (select all that apply):	Skip to 27	architecture and engineering	*	
			arts and design		
			building and grounds cleaning		
			business and financial		
			community and social service		
			computer and information technology		
			construction and extraction		
			education, training, and library		
			entertainment and sports		
			farming, fishing, and forestry		
			food preparation and serving		
		Skip to 26	healthcare and healthcare support		
		Skip to 27	installation, maintenance, and repair		
			legal		
			life, physical, and social science		
			management		
			media and communication		
			military		
			office and administrative support		
			personal care and service		

			production		
			protective service		
			sales		
			transportation and material moving		
26	You have indicated that you work in the healthcare and healthcare support industry. Please indicate which of the following best categorizes your current job:		community health support	*	
			health IT and/or telehealth technical support		
			community paramedicine		
			case management		
			respiratory therapist		
			None of these options describe my current job. My current job is: [free-text]		
27	Please indicate your current annual salary range, including income for all jobs you currently work.		Less than \$10,000	*	
			\$10,000 - \$19,999		
			\$20,000 - \$29,999		
			\$30,000 - \$39,999		
			\$40,000 - \$49,999		
			\$50,000 - \$59,999		
			\$60,000 - \$69,999		
			\$70,000 - \$79,999		
			\$80,000 - \$89,999		
			\$90,000 - \$99,999		
			More than \$100,00		
			I prefer not to answer		
28	Are you currently seeking new employment opportunities?		No, I am not seeking new employment opportunities.	*	
		Skip to Q29	Yes, I am seeking new employment opportunities.		
29	What types of positions are you seeking employment in? (Select all that apply.)		administrative (i.e., receptionists, secretaries, administrative assistants, information clerk, general office clerks, etc.)	*	

			community health support (i.e., community health workers, health education specialists, interpreters, translators, peer recovery specialists, substance use counselors, mental health counselors, etc.)		
			dental (i.e., dental assistants, dental hygienists, etc.)		
			financial (i.e., medical billing and coding, bill and account collectors, bookkeeping, accounting, auditing, financial clerks, etc.)		
			IT and computer specialty (i.e., health information technologists, computer support specialists, database administrators, information security analysts, cybersecurity specialists, network specialists, etc.)		
			medical support (i.e., home health aides, personal care aides, medical assistants, etc.)		
			medical technician (i.e., pharmacy technicians, radiologic technologists, diagnostic medical sonographers, etc.)		
			nursing (i.e., registered nurses (RN), licensed practical nurses (LPN), nurse anesthetists, nurse midwives, nurse practitioners, nursing assistants, orderlies, etc.)		
			paramedics and/or emergency medical technicians (EMT)		
			recordkeeping (i.e., medical records specialists, scribes, medical transcriptionists, etc.)		
			respiratory therapy		
			none of the above. Please specify what types of positions you are currently seeking employment in:		

			[free-text]		
<b>Accessibility</b>	<p>The Americans with Disabilities Act (ADA) defines a person with a disability as someone who: "has a physical or mental impairment that substantially limits one or more major life activities, has a history or record of such an impairment (such as cancer that is in remission), or is perceived by others as having such an impairment (such as a person who has scars from a severe burn)." There are several types of disability including learning disabilities, intellectual disabilities, physical disabilities, mental/intellectual disabilities, etc. More information on the ADA can be found at <a href="https://www.ada.gov/">https://www.ada.gov/</a>.</p> <p>Reasonable accommodations are adjustments made that give people with disabilities an equal opportunity at achieving success. Examples of reasonable accommodations can be found at <a href="https://www.dol.gov/agencies/odep/program-areas/employers/accommodations">https://www.dol.gov/agencies/odep/program-areas/employers/accommodations</a>. The following section will ask questions regarding your accessibility and accommodation needs.</p>				
30	Do you currently have, or anticipate having any accessibility and/or accommodation needs for this training?	Skip to 32	No, I <b>do not</b> have any accessibility or accommodation needs.	*	
		Skip to 31	Yes, I <b>do</b> have accessibility or accommodation needs.		
		Skip to 32	I prefer not to answer.		
31	Did this training meet your accessibility and/or accommodation needs?		No, this training <b>did not</b> meet my accessibility and/or accommodation needs.	*	
			Yes, this training <b>did</b> meet my accessibility and/or accommodation needs.		
			I prefer not to answer.		
<b>Cost</b>					
32	Are you paying/ have you paid for this training?	Skip to Q35	No, the training has been made available to me free of cost.	*	
		Skip to Q34	Yes, I am paying for the training completely on my own.		
		Skip to Q33	Yes, but I am getting assistance with the cost		
33	Which of the following best describes the source of this training cost assistance? (Select all that apply.)		My family members/ friends are assisting me with the training cost.	*	
			The training program has subsidized some of the training cost.		
			My employer is assisting with some of the training cost.		



			My source of training cost assistance is something else. Please specify:		
34	How much are you paying/have you paid for this training?		Slider	*	\$0 - 3000
<b>Skills</b>					
35	Please rank how <b>strong</b> you feel your skills are in the following topics:			*	
	<b>Technical Skills</b>		Likert scale (Very weak - Very strong)		
	Benefits counseling		Likert scale (Very weak - Very strong)		
	Billing and coding		Likert scale (Very weak - Very strong)		
	Case management		Likert scale (Very weak - Very strong)		
	Contract management		Likert scale (Very weak - Very strong)		
	CPR/AED		Likert scale (Very weak - Very strong)		
	Crisis intervention		Likert scale (Very weak - Very strong)		
	Math and science		Likert scale (Very weak - Very strong)		
	Physical strength		Likert scale (Very weak - Very strong)		
	Programming		Likert scale (Very weak - Very strong)		
	Service coordination		Likert scale (Very weak - Very strong)		
	<b>Soft Skills</b>				
	Analytical		Likert scale (Very weak - Very strong)		
	Coordination		Likert scale (Very weak - Very strong)		
	Critical thinking		Likert scale (Very weak - Very strong)		
	Decision making		Likert scale (Very weak - Very strong)		
	Listening		Likert scale (Very weak - Very strong)		
	Interpersonal		Likert scale (Very weak - Very strong)		
	Problem-solving		Likert scale (Very weak - Very strong)		
	Time management		Likert scale (Very weak - Very strong)		
	Verbal communication		Likert scale (Very weak - Very strong)		
	Written communication		Likert scale (Very weak - Very strong)		