



Form Approved OMB No. 0920-1050 Expiration Date: 06/30/2025

Attachment A: Instrument 1-Skill-Building Workshop Survey (Word and Web Versions)

Skill-Building Workshop Survey

Please take a moment to tell us about your session experience. Your feedback is confidential, and we will not be able to identify you when we receive it. The questions should take less than 2 minutes to answer.

For help, please contact PHIT evaluator, Brittany Argotsinger, at 404-498-0263 or bargotsinger@cdc.gov.

CDC estimates the average public reporting burden for this collection of information as 2 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information 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 burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0879).

- 1. How satisfied are you with the quality of this session?
 - a. Not at all satisfied
 - b. Minimally satisfied
 - c. Moderately satisfied
 - d. Very satisfied
 - e. Extremely satisfied
- 2. How would you describe the skill level of the content in this session?
 - a. Introductory
 - b. Intermediate
 - c. Advanced
- 3. What is your opinion of the balance of instruction and interaction in this session?
 - a. Too much instruction
 - b. Too much interactive learning
 - c. Right amount of both
- 4. How **ready are you** to put session concepts into practice?
 - a. Not at all ready (training was not effective)
 - b. Minimally ready (more training is needed)
 - c. Mostly ready (ready with support or practice)
 - d. Fully ready (ready now)
 - e. N/A There were no actionable concepts taught
- 5. Did the presenter(s) identify at least one **promising tool**, **job aid**, **or resource** to help you use the skills in your work?
 - a. No
 - b. Yes
 - c. I'm not sure
- 6. Please share any comments you have about this session.

This completes our survey. Thank you for your feedback!

Skill-Building Workshop Survey - Web Version



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Attendee Feedback



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| Not at all satisfied Minimally satisfied Moderately satisfied Very satisfied Extremely satisfied How would you describe the skill level of the content in this session? Introductory Intermediate Advanced | * How satisfied are you with the quality of this session? |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| Moderately satisfied Very satisfied Extremely satisfied * How would you describe the skill level of the content in this session? Introductory Intermediate | O Not at all satisfied |
| Very satisfied Extremely satisfied * How would you describe the skill level of the content in this session? Introductory Intermediate | Minimally satisfied |
| Extremely satisfied * How would you describe the skill level of the content in this session? O Introductory O Intermediate | Moderately satisfied |
| * How would you describe the skill level of the content in this session? O Introductory Intermediate | O Very satisfied |
| O Intermediate | O Extremely satisfied |
| O Intermediate | |
| O Intermediate | * How would you describe the skill level of the content in this session? |
| | O Introductory |
| O Advanced | O Intermediate |
| | O Advanced |

| *What is your opinion of the balance of instruction and interaction in this session? |
|-----------------------------------------------------------------------------------------------------------------------------------|
| O Too much instruction |
| O Too much interactive learning |
| O Right amount of both |
| |
| * How ready are you to put session concepts into practice? |
| O Not at all ready (training was not effective) |
| O Minimally ready (more training is needed) |
| O Mostly ready (ready with support or practice) |
| O Fully ready (ready now) |
| O N/A - There were no actionable concepts taught |
| * Did the presenter(s) identify at least one promising tool, job aid, or resource to help you use the skills in your work? |
| O No |
| O Yes |
| O I'm not sure |
| |
| lease share any comments you have about this session. |
| |
| This completes our survey. Thank you for your feedback! |
| Done |