**Attachment 1:** VetoViolence Training Satisfaction Survey and Informed Consent

 OMB Control No. 0920-1050

 Exp. Date 06/30/2025

Public reporting burden of this collection of information is estimated to average 5 minutes per respondent. 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 Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia, 30333; ATTN: PRA (0920-1050).

The satisfaction survey below is intended for individuals who complete a training on VetoViolence, like *Principles of Prevention*, *Preventing Adverse Childhood Experiences (ACEs)*, and *Dating Matters for Educators*. The survey is estimated to take 5 minutes to complete.

**Introduction and Consent**

We would like to hear your feedback about [INSERT TRAINING NAME]! The following survey should take no longer than 5 minutes to complete. The results will inform future updates to the training developed by the Centers for Disease Control and Prevention (CDC).

Your participation is completely voluntary. All survey questions are optional. You may choose to skip survey questions that you do not wish to answer or discontinue the survey at any point. After you complete the survey, you will have the ability to save or print a training completion certificate. There are no foreseeable risks associated with participating in this survey. We will not ask you for any personal identifiable information (PII), such as your name or email address, that could link your responses to you.There are no direct benefits to participating in the survey. However, you may benefit from knowing your participation will help improve the training and its ability to support violence prevention work going forward.

If you have any questions or concerns about this survey, you may contact [PI NAME] by phone at [PHONE NUMBER] or by email at [EMAIL ADDRESS].

If you understand the information above and agree to participate in the survey, please proceed to the first survey question.

Survey Questions:

|  |  |  |  |
| --- | --- | --- | --- |
| Section | Q # | Question/Item | Response Options |
| Participant Motivation | 1 | Why did you choose to take this training? | *(Select all that apply)*1. To gain new skills and knowledge about violence prevention
2. To meet requirements or suggestions from my employer or organization
3. I am a DVP recipient and heard about the training from staff or another recipient
4. Other, please specify: *(open response)*
 |
| Training Relevance | 2 | Will you use what you learned from this course in your work? | 1. Definitely not
2. Probably not
3. Possibly
4. Probably will
5. Definitely will
6. Not applicable, I did not learn anything from this course
 |
| 3 | How will you use what you learned from this course?  | I will: *(select all that apply)*1. Maintain my skills and knowledge in violence prevention
2. Increase my skills and knowledge in violence prevention
3. To meet certification requirements by my employer or organization
4. Provide clinical interventions in practice
5. Develop violence prevention efforts I can use in practice or for my organization
6. To support children, families, and the community I work in
7. Other, please specify: *(open response)*
8. Not applicable; I did not learn from this course or do not plan to use anything from this course
 |
| TrainingContent | 4 | What is your opinion of the balance of narration/lecture, and interactivity in this course? | 1. Too much lecture and not enough interactive learning
2. Right amount of both lecture and interactive learning
3. Not enough lecture and too much interactive learning
 |
| 5 | What part of this course was most helpful to your learning? | Open-ended |
| 6 | How could this course be improved to make it a more effective learning experience? | Open-ended |