Individual TA Feedback

Please complete the survey below.

Thank you!

Form
OMB Control Number:
Exp Date: XX/20XX
Routine Technical Assistance (TA) Questionnaire

Thank you for participating in the technical assistance (TA) provided by the Core State Injury Prevention Program (Core SIPP) team. We are committed to continuous quality improvement (CQI) and improving our TA for recipients. To assist us with CQI, please take a few minutes to fill out this brief questionnaire.

Questionnaire data will be shared with the Core SIPP team and used to improve future TA delivery and outcomes. Participation in the survey is voluntary and all questions are optional. We will not attach your name or the name of your organization to the questionnaire. If you have any questions about this questionnaire, please send an email to coresipp2021@cdc.gov.

While answering this questionnaire, please think about any technical assistance (TA) you have received over the past six months from CDC Core State Injury Prevention Program (Core SIPP) Support Team. TA can be any assistance you have received, such as routine meetings with Core SIPP staff, webinars, and/or discussions with injury topic area experts.

CDC estimates the average public reporting burden for this collection of information as 15 minutes per questionnaire, 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 this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1050).

	Yes.	No.	I am not sure.	I have not worked on Core SIPP for the past six months.
1. Over the past six months, have you received any TA from the CDC Core SIPP Support Team?	○	○	○	○

2. Over the past six months, please indicate the type(s) of technical assistance (TA) that you received from Core SIPP. (Select all that apply).

- ☐ Discussion with a Topic Area Expert
- ☐ Emailed questions and answer(s)
- ☐ Guidance developing resources/activities/documents
- ☐ Monthly calls with Project Officers and/or Evaluation Officers
- ☐ Office hours
- ☐ Resources such as written guidance, templates, or technical packages
- ☐ Site Visit
- ☐ Trainings or webinars
- ☐ I did not receive any TA over the past six months
- ☐ Other:

Please describe: "Other"

_____

3. Over the past six months, who did you receive TA from at CDC? (Select all that apply).

- ☐ Communications Team
- ☐ Evaluation Officer
- ☐ Policy Team
- ☐ Project Officer
- ☐ Topic Area Expert
- ☐ Other

Please describe: "Other"

_____

4. Please indicate the type of support covered in your TA with CDC over the past six months. (Select all that apply).

- ☐ Adaptation- (Adapting programs for your state/context)
- ☐ Data/ Surveillance
- ☐ Evaluation
- ☐ Health Equity
- ☐ NOFO Administration (For example, Budget Questions and/or Workplan Development)
- ☐ Partnerships
- ☐ Policy Efforts
- ☐ Program Implementation Support
- ☐ Scientific writing
- ☐ Strategies and approaches
- ☐ Other

Please describe: "Other"

_____

5. Thinking back to what you expected or needed from the TA you received, to what extent did the TA meet your expectations?

- ◯ Not at all
- ◯ A little
- ◯ To some extent
- ◯ Very much
- ◯ Prefer not to answer
- ◯ Not applicable

6. What, if anything, went well with the TA that you received?

_____

7. What, if anything, would have improved the TA that you received?

_____

8. If applicable, please share examples of how you have used or plan to use the TA in your professional work.

_____

9. Are there any specific topics that you would like to see more TA around in the future?

_____

10. What is your primary role in supporting Core SIPP?

◯ Communications
◯ Core SIPP Project Manager/ Principal Investigator
◯ Epidemiologist
◯ Evaluator
◯ Financial Staff
◯ Program Staff
◯ Other:

Please specify: "Other"

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