Comprehensive Suicide Prevention (CSP) Evaluation Learning Network Questionnaire

Thank you for participating in today's event! To help us meet your training and technical assistance (TTA) needs, support your work, and strengthen connections with CDC and other funded recipients, please take a few minutes to complete this brief feedback questionnaire. Your participation is voluntary and your responses will be kept anonymous. Question 1 is required; the following questions are optional. You may choose to skip questions that you do not wish to answer or discontinue the questionnaire at any point.

The public reporting burden of this collection of information is estimated to average 10 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. 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 H-21, Atlanta, Georgia 30333; ATTN: PRA (0920-1050).

1. Overall, how satisfied are you with this event?

○ Very dissatisfied
○ Somewhat dissatisfied
○ Somewhat satisfied
○ Very satisfied
○ Prefer not to answer

Learning Objectives

2. Please rate your level of understanding/agreement with the following statements about what you learned in this event.

	Strongly Disagree	Disagree	Agree	Strongly Agree	N/A
As a result of this event, I better understand Topic/Learning Objective 1.	○	○	○	○	○
As a result of this event, I better understand Topic/Learning Objective 2.	○	○	○	○	○
The topic(s) aligned with my organization's needs and priorities.	○	○	○	○	○
I gained new knowledge or skills that are relevant to my professional work.	○	○	○	○	○

I am confident in my ability to implement what I learned from this event.   ○   ○   ○   ○   ○

---

3. Have you experienced any challenges in putting information you've learned today or from past events into practice?

○ Yes
○ No

If yes, what were they and what support could be provided to mitigate these challenges in the future?

Quality of Event

4. Please rate your level of agreement with the following statements about the quality of this event.

	Strongly Disagree	Disagree	Agree	Strongly Agree	N/A
The format/delivery of information was effective.	○	○	○	○	○
The format/delivery of information was engaging.	○	○	○	○	○
The presenter(s) was knowledgeable about the topic.	○	○	○	○	○
I feel more connected to other recipients as a result of this event.	○	○	○	○	○
The event balanced time for the presentation(s) with opportunities for participant interaction.	○	○	○	○	○
I had opportunities to share my own experiences and collaborate and learn from others in this event.	○	○	○	○	○
This event created a welcoming and engaging environment for learning.	○	○	○	○	○
I found this event a good use of my time.	○	○	○	○	○

Connections and Future Participation

5. What evaluation topics or themes would you like to see covered in future events?

6. Would you like more opportunities to connect with others outside the CSP Evaluation Learning Network?

○ Yes
○ No
○ Not sure

If yes, how would you like CDC to facilitate this?

If no, why not?

If not sure, please elaborate. Are there any barriers to connecting with others?

7. Would you be interested and willing to share about your work at a future event?

○ Yes
○ No

If yes, please indicate if there is a specific topic or project you would like to share.

If you would like to share a topic or project, please share your recipient information at the end of the survey and/or reach out to [insert contact information here].

8. What would you do to improve this event? (Select all that apply.)

☐ Offer the event at a more convenient time
☐ Provide more/better information before the event
☐ Decrease the length of the event
☐ Increase the length of the event
☐ Increase the amount of content covered
☐ Reduce the amount of content covered
☐ Include or increase small group/interactive portions
☐ Remove or reduce small group/interactive portions
☐ Other
☐ No improvement or recommendations necessary at this time

If other, please elaborate:

9. We value your insights! Please share your feedback about CSP Evaluation Learning Network events as a whole using the following prompts.

What could CDC start doing to improve the CSP Evaluation Learning Network?

What practices are not working in the CSP Evaluation Learning Network?

What is CDC doing well that should continue in the CSP Evaluation Learning Network?

10. What is your primary role in supporting CSP?

◯ Communications
◯ Epidemiologist
◯ Evaluator
◯ Financial Staff
◯ Program Lead/ Project Manager
◯ Program Staff
◯ Other

If other, please specify:

_____

Thank you for your participating in this questionnaire!

The following question is optional.
This is an anonymous questionnaire, but if you would like to share your recipient information, please choose from the dropdown below.

Recipient

◯ Arkansas
◯ Bexar County, Texas
◯ California
◯ Colorado
◯ Connecticut
◯ Florida
◯ Georgia
◯ Illinois
◯ Louisiana
◯ Maine
◯ Massachusetts
◯ Michigan
◯ New York
◯ North Carolina
◯ NYS OMH - SPCNY
◯ Ohio
◯ Oregon
◯ Puerto Rico
◯ Rhode Island
◯ Tennessee
◯ University of Nebraska
◯ University of North Dakota
◯ University of Pittsburgh
◯ Vermont
◯ Wisconsin

Would you like someone on the CDC CSP team to follow-up with you about your responses to this survey?

◯ Yes
◯ No

For any technical assistance needs or to discuss sharing your work at upcoming events or trainings feel free to reach out to us at [insert contact information].