

Form Approved

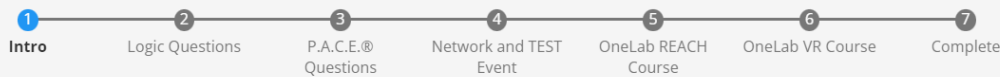
OMB Control No. 0920-1154

Exp. Date: 04/30/2026

## **Attachment 5. OneLab P.A.C.E.® and non-P.A.C.E.® Evaluation Survey**

### Contents

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#### **Intro**

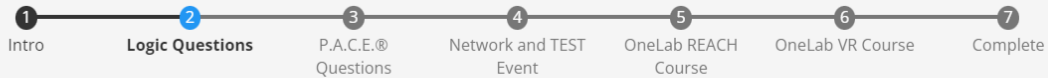
Thank you for accessing this OneLab event or resource. Please provide feedback on your experience to help CDC OneLab improve strategies to deliver timely, relevant, and valuable information to the laboratory community in the future.

This survey will take approximately 15 minutes to complete. Participation in this survey is voluntary and all responses will remain anonymous. No unique identifying information will be sought or kept. We will use survey information in aggregate to help improve future OneLab events and resources. If you have any questions about this evaluation, please email [onelab@cdc.gov](mailto:onelab@cdc.gov).

CDC estimates the average public reporting burden for this collection of information as 15 minutes, including the time for reviewing instruction, 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, SD-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1154).

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## P.A.C.E.® Network Event



### Logic Questions

#### Instructions

Please respond to each question by clicking on the button beside the option(s) that best reflect(s) your opinion. Please click SUBMIT to continue the survey.

(1) Are you completing this evaluation to receive P.A.C.E.® credit? \*

☒ Yes

☐ No

(2) Please select the OneLab learning activity you participated in: \*

☒ OneLab Network event

☐ OneLab TEST event

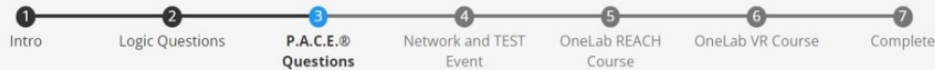
☐ OneLab REACH course

☐ OneLab VR course

☐ Other...

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### P.A.C.E.® Questions

#### Instructions

Please respond to each question by clicking on the buttons beside the option(s) that best reflect(s) your opinion. Please click NEXT to continue the survey.

Please respond by clicking on the button beside the option that best reflect your opinion:

|                                                                                              | Extremely             | Very                  | Moderately                       | Slightly                         | Not at all                       |
|----------------------------------------------------------------------------------------------|-----------------------|-----------------------|----------------------------------|----------------------------------|----------------------------------|
| (1) How relevant is this course or event to your work?                                       | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="radio"/>            |
| (2) Rate how knowledgeable you were on the course or event topic BEFORE taking the training. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>            | <input checked="" type="radio"/> | <input type="radio"/>            |
| (3) Rate how knowledgeable you are on the course or event topic AFTER taking the training.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>            | <input type="radio"/>            | <input checked="" type="radio"/> |

Please respond by clicking on the button beside the option that best reflect your opinion:

|                                                                                                                                                                             | Strongly agree        | Agree                            | Neither/Undecided                | Disagree                         | Strongly Disagree     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|----------------------------------|----------------------------------|----------------------------------|-----------------------|
| (4) The balance of instruction and interactivity in this course or event was appropriate. Examples of interactivity include knowledge checks, case studies, exercises, etc. | <input type="radio"/> | <input type="radio"/>            | <input type="radio"/>            | <input checked="" type="radio"/> | <input type="radio"/> |
| (5) To what extent do you agree with the following statement: The course or event content was appropriate.                                                                  | <input type="radio"/> | <input type="radio"/>            | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="radio"/> |
| (6) To what extent do you agree with the following statement: The difficulty level of this course or event was appropriate.                                                 | <input type="radio"/> | <input type="radio"/>            | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="radio"/> |
| (7) To what extent do you agree with the following statement: The course or event length was appropriate.                                                                   | <input type="radio"/> | <input type="radio"/>            | <input type="radio"/>            | <input checked="" type="radio"/> | <input type="radio"/> |
| (8) To what extent do you agree with the following statement: The pace of this course or event was appropriate.                                                             | <input type="radio"/> | <input type="radio"/>            | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="radio"/> |
| (9) To what extent do you agree with the following statement: Overall, I was satisfied with the course or event.                                                            | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/>            | <input type="radio"/>            | <input type="radio"/> |

(10) How will you use what you learned from this course or event? I will:

test

(11) What factors could keep you from using the content of this course or event in your work?

test

(12) How could this course or event be improved?

test

(13) After participating in this learning activity, I am able to:

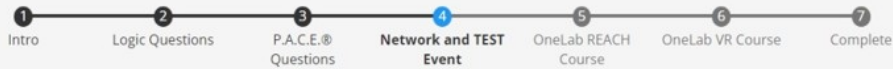
|                                      | Yes                              | No                               |
|--------------------------------------|----------------------------------|----------------------------------|
| INSERT SPECIFIC LEARNING OBJECTIVE 1 | <input checked="" type="radio"/> | <input type="radio"/>            |
| INSERT SPECIFIC LEARNING OBJECTIVE 2 | <input type="radio"/>            | <input checked="" type="radio"/> |
| INSERT SPECIFIC LEARNING OBJECTIVE 3 | <input checked="" type="radio"/> | <input type="radio"/>            |
| INSERT SPECIFIC LEARNING OBJECTIVE 4 | <input type="radio"/>            | <input checked="" type="radio"/> |

(14) To what extent was [SPEAKER NAME] knowledgeable, organized, and effective during the presentation?

- ☐ Low/poor
- ☒ Fair
- ☐ Good
- ☐ Excellent

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## Network and TEST Event

### Instructions

Please respond to each question by clicking on the button beside the option(s) that best reflect(s) your opinion. Please click SUBMIT to complete the survey.

### Laboratory Setting and Role

**(1) Which of the following best describes your primary work setting/affiliation?**

- ☒ Laboratory setting
- ☐ Non-laboratory setting

**(1a) What level of test complexity is your laboratory authorized to perform?**

- ☐ Waived (Point of Care)
- ☒ Moderate complexity
- ☐ High complexity
- ☐ Uncategorized

**(2) Please specify your primary work setting/affiliation.**

- ☐ Academia/Education Institution - Faculty or Administrator
- ☐ Academia/Education Institution - Student
- ☐ Clinical/Medical Laboratory
- ☐ Community Clinic
- ☐ Correctional Facility
- ☐ Diagnostic Testing Services (Quest, Labcorp, etc.)
- ☐ EMS/Medical Transport Services
- ☐ Government/Regulatory Agency (CDC, ASPR, CMS)
- ☐ Health Department (State/Territorial/Local/Tribal)
- ☐ Home Health Agency
- ☐ Hospital/Health System
- ☐ Long Term Care Facility
- ☐ Manufacturer Representative
- ☐ Mobile Laboratory Services
- ☐ Pharmacy
- ☐ Physician Office
- ☐ Professional/Industry Association
- ☐ Public Health Laboratory
- ☐ Temporary Housing Shelter
- ☐ Urgent Care/Immediate Care
- ☐ Volunteer
- ☒ Other...

test

(3) Does your organization primarily provide health care or other support services any of the following population groups? (Please select all that apply)

Women

- ☐ Elderly Individuals (above age 65)
- ☐ People from racial or ethnic minority groups
- ☐ People from rural, frontier, or sparsely populated areas
- ☐ People from the LGBTQ+ community
- ☒ People with disabilities
- ☒ People experiencing homelessness
- ☐ People who are incarcerated or involved in the justice system
- ☐ People with substance use disorder
- ☐ People whose primary/native language is not English
- ☐

(4) Do you have a role in the education and training of current or future laboratory professionals (e.g., developing content, delivering trainings)?

- ☒ Yes
- ☐ No
- ☐ Unsure

(4a) Please estimate the total number of current laboratory professionals you train in a year:

test

Please describe:

|                                                                                      | Extremely             | Very                  | Moderately            | Slightly              | Not at all                       |
|--------------------------------------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------------------------------|
| (4b) Please rate the value of this event to your training or curriculum development. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> |
| (4c) Please rate how likely you are to recommend OneLab events to your students.     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> |

(4b) Please explain:

test

(4c) Please explain:

test

(5) Do you have a role in the education and training of current or future diagnostic testers (e.g., developing content, delivering trainings)?

- ☒ Yes
- ☐ No
- ☐ Unsure

(5a) Please estimate the total number of current diagnostic testers you train in a year:

test

Please describe:

|                                                                                      | Extremely             | Very                  | Moderately            | Slightly              | Not at all                       |
|--------------------------------------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------------------------------|
| (5b) Please rate the value of this event to your training or curriculum development. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> |
| (5c) Please rate how likely you are to recommend OneLab events to your students.     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> |

(5b) Please explain:

test

(5c) Please explain:

test

## Information Sharing

(6) Please specify the extent to which you agree with each statement below after attending this OneLab event:

|                                                                           | Strongly agree        | Agree                 | No opinion/Not applicable | Disagree                         | Strongly disagree                |
|---------------------------------------------------------------------------|-----------------------|-----------------------|---------------------------|----------------------------------|----------------------------------|
| (6a) This event was a good use of my time.                                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     | <input checked="" type="radio"/> | <input type="radio"/>            |
| (6b) This event met at least one of my critical training/education needs. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     | <input type="radio"/>            | <input checked="" type="radio"/> |
| (6c) I plan to use information learned from this event at my job.         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     | <input checked="" type="radio"/> | <input type="radio"/>            |
| (6d) The topics covered during this event were relevant to my work.       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     | <input type="radio"/>            | <input checked="" type="radio"/> |
| (6e) The topics covered at this event were timely.                        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     | <input checked="" type="radio"/> | <input type="radio"/>            |
| (6f) I plan to access/use the resources mentioned during this event.      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     | <input type="radio"/>            | <input checked="" type="radio"/> |
| (6g) I would recommend OneLab events to my colleagues.                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     | <input checked="" type="radio"/> | <input type="radio"/>            |

(6a) Please provide more information for your response.

test

(6b) Please provide more information for your response.

test

(6c) Please provide more information for your response.

test

(6d) Please provide more information for your response.

test

(6e) Please provide more information for your response.

test

(6f) Please provide more information for your response.

test

(6g) Please provide more information for your response.

test

## Engagement and Connections

(7) Please specify the extent to which you agree with each statement below after attending this OneLab event:

|                                                                                                                 | Strongly agree        | Agree                 | No opinion/Not applicable | Disagree                         | Strongly disagree                |
|-----------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|---------------------------|----------------------------------|----------------------------------|
| (7a) I feel more connected to my colleagues in the laboratory community and at CDC.                             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     | <input checked="" type="radio"/> | <input type="radio"/>            |
| (7b) I feel this event was engaging.                                                                            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     | <input type="radio"/>            | <input checked="" type="radio"/> |
| (7c) I feel this event held my attention throughout.                                                            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     | <input checked="" type="radio"/> | <input type="radio"/>            |
| (7d) I feel this event helped me retain the information that was presented.                                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     | <input type="radio"/>            | <input checked="" type="radio"/> |
| (7e) I feel the presenter(s) of this event was/were able to communicate clearly and knowledgeably on the topic. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     | <input checked="" type="radio"/> | <input type="radio"/>            |

(7a) Please provide more information for your response.

test

(7b) Please provide more information for your response.

test

(7c) Please provide more information for your response.

test

(7d) Please provide more information for your response.

test

(7e) Please provide more information for your response.

test

## Outreach

### (8) How did you hear about this event? (select all that apply)

From a previous OneLab event

- ☐ OneLab Network meeting or email
- ☐ OneLab TEST meeting or email
- ☐ Other CDC event/announcement (e.g., LOCS message, CDC OneLab web page)
- ☐ OneLab advertisement
- ☐ Search engine
- ☐ Social media
- ☐ Word of mouth (e.g., colleague sent link)
- ☐ Other...



test

### (9) Why did you attend this event? (select all that apply)

The topic was relevant and valuable to me/my work

- ☐ I wanted to receive a OneLab certificate or a continuing education credit and/or P.A.C.E.® credit
- ☐ I wanted to hear from the presenter(s)
- ☐ I try to attend all/most OneLab events
- ☐ My supervisor or colleague recommended this event to me
- ☐ Other...



test

### (10) I plan to attend future OneLab events. (select one)

- ☒ Yes
- ☐ No
- ☐ Unsure

### (10a) Please explain:

test

## Your Feedback

### (11) Please provide any additional feedback you would like to share with the OneLab team.

test

### (12) What aspects of the event did you find most engaging? Why?

test

### (13) What critical laboratory training and education topics would you like future OneLab events to address?

test

### (14) How could future OneLab events be improved (e.g., format, content, speakers)?

test

### (15) Are you interested in presenting at a future OneLab event?

- ☒ Yes
- ☐ No
- ☐ Unsure

### (15a) What topic would you like to present?

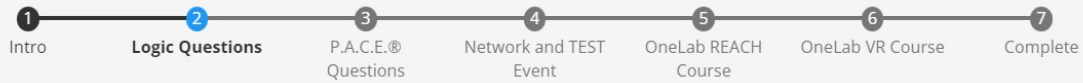
test

Thank you for completing this OneLab event survey. If you have any questions, please contact onelab@cdc.gov.

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## Non-P.A.C.E.® TEST Event



### Logic Questions

#### Instructions

Please respond to each question by clicking on the button beside the option(s) that best reflect(s) your opinion. Please click SUBMIT to continue the survey.

**(1) Are you completing this evaluation to receive P.A.C.E.® credit? \***

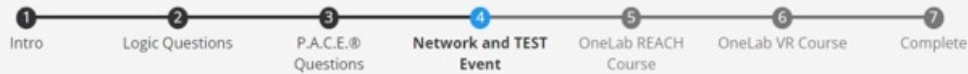
- ☐ Yes
- ☒ No

**(2) Please select the OneLab learning activity you participated in: \***

- ☐ OneLab Network event
- ☒ OneLab TEST event
- ☐ OneLab REACH course
- ☐ OneLab VR course
- ☐ Other...

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## Network and TEST Event

### Instructions

Please respond to each question by clicking on the button beside the option(s) that best reflect(s) your opinion. Please click SUBMIT to complete the survey.

### Laboratory Setting and Role

(1) Which of the following best describes your primary work setting/affiliation?

- ☐ Laboratory setting
- ☒ Non-laboratory setting

(1a) Please describe:

test

(2) Please specify your primary work setting/affiliation.

- ☐ Academia/Education Institution - Faculty or Administrator
- ☐ Academia/Education Institution - Student
- ☐ Clinical/Medical Laboratory
- ☐ Community Clinic
- ☐ Correctional Facility
- ☐ Diagnostic Testing Services (Quest, Labcorp, etc.)
- ☐ EMS/Medical Transport Services
- ☐ Government/Regulatory Agency (CDC, ASPR, CMS)
- ☐ Health Department (State/Territorial/Local/Tribal)
- ☐ Home Health Agency
- ☐ Hospital/Health System
- ☐ Long Term Care Facility
- ☐ Manufacturer Representative
- ☐ Mobile Laboratory Services
- ☐ Pharmacy
- ☐ Physician Office
- ☐ Professional/Industry Association
- ☐ Public Health Laboratory
- ☐ Temporary Housing Shelter
- ☐ Urgent Care/Immediate Care
- ☐ Volunteer

\* Other...

test

(3) Does your organization primarily provide health care or other support services any of the following population groups? (Please select all that apply)

Women

- ☐ Elderly Individuals (above age 65)
- ☐ People from racial or ethnic minority groups
- ☐ People from rural, frontier, or sparsely populated areas
- ☐ People from the LGBTQ+ community
- ☒ People with disabilities
- ☒ People experiencing homelessness
- ☐ People who are incarcerated or involved in the justice system
- ☐ People with substance use disorder
- ☐ People whose primary/native language is not English
- ☐

(4) Do you have a role in the education and training of current or future laboratory professionals (e.g., developing content, delivering trainings)?

- ☒ Yes
- ☐ No
- ☐ Unsure

(4a) Please estimate the total number of current laboratory professionals you train in a year:

test

Please describe:

|                                                                                      | Extremely             | Very                  | Moderately            | Slightly              | Not at all                       |
|--------------------------------------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------------------------------|
| (4b) Please rate the value of this event to your training or curriculum development. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> |
| (4c) Please rate how likely you are to recommend OneLab events to your students.     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> |

(4b) Please explain:

test

(4c) Please explain:

test

(5) Do you have a role in the education and training of current or future diagnostic testers (e.g., developing content, delivering trainings)?

- ☒ Yes
- ☐ No
- ☐ Unsure

(5a) Please estimate the total number of current diagnostic testers you train in a year:

test

Please describe:

|                                                                                      | Extremely             | Very                  | Moderately            | Slightly              | Not at all                       |
|--------------------------------------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------------------------------|
| (5b) Please rate the value of this event to your training or curriculum development. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> |
| (5c) Please rate how likely you are to recommend OneLab events to your students.     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> |

(5b) Please explain:

test

(5c) Please explain:

test

## Information Sharing

(6) Please specify the extent to which you agree with each statement below after attending this OneLab event:

|                                                                           | Strongly agree        | Agree                 | No opinion/Not applicable | Disagree                         | Strongly disagree                |
|---------------------------------------------------------------------------|-----------------------|-----------------------|---------------------------|----------------------------------|----------------------------------|
| (6a) This event was a good use of my time.                                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     | <input checked="" type="radio"/> | <input type="radio"/>            |
| (6b) This event met at least one of my critical training/education needs. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     | <input type="radio"/>            | <input checked="" type="radio"/> |
| (6c) I plan to use information learned from this event at my job.         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     | <input checked="" type="radio"/> | <input type="radio"/>            |
| (6d) The topics covered during this event were relevant to my work.       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     | <input type="radio"/>            | <input checked="" type="radio"/> |
| (6e) The topics covered at this event were timely.                        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     | <input checked="" type="radio"/> | <input type="radio"/>            |
| (6f) I plan to access/use the resources mentioned during this event.      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     | <input type="radio"/>            | <input checked="" type="radio"/> |
| (6g) I would recommend OneLab events to my colleagues.                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     | <input checked="" type="radio"/> | <input type="radio"/>            |

(6a) Please provide more information for your response.

(6b) Please provide more information for your response.

(6c) Please provide more information for your response.

(6d) Please provide more information for your response.

(6e) Please provide more information for your response.

(6f) Please provide more information for your response.

(6g) Please provide more information for your response.

## Engagement and Connections

(7) Please specify the extent to which you agree with each statement below after attending this OneLab event:

|                                                                                                                 | Strongly agree        | Agree                 | No opinion/Not applicable | Disagree                         | Strongly disagree                |
|-----------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|---------------------------|----------------------------------|----------------------------------|
| (7a) I feel more connected to my colleagues in the laboratory community and at CDC.                             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     | <input checked="" type="radio"/> | <input type="radio"/>            |
| (7b) I feel this event was engaging.                                                                            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     | <input type="radio"/>            | <input checked="" type="radio"/> |
| (7c) I feel this event held my attention throughout.                                                            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     | <input checked="" type="radio"/> | <input type="radio"/>            |
| (7d) I feel this event helped me retain the information that was presented.                                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     | <input type="radio"/>            | <input checked="" type="radio"/> |
| (7e) I feel the presenter(s) of this event was/were able to communicate clearly and knowledgeably on the topic. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     | <input checked="" type="radio"/> | <input type="radio"/>            |

(7a) Please provide more information for your response.

(7b) Please provide more information for your response.

(7c) Please provide more information for your response.

(7d) Please provide more information for your response.

(7e) Please provide more information for your response.

## Outreach

### (8) How did you hear about this event? (select all that apply)

From a previous OneLab event

- ☐ OneLab Network meeting or email
- ☐ OneLab TEST meeting or email
- ☐ Other CDC event/announcement (e.g., LOCS message, CDC OneLab web page)
- ☐ OneLab advertisement
- ☐ Search engine
- ☐ Social media
- ☐ Word of mouth (e.g., colleague sent link)
- ☐ Other...

☒

test

### (9) Why did you attend this event? (select all that apply)

The topic was relevant and valuable to me/my work

- ☐ I wanted to receive a OneLab certificate or a continuing education credit and/or P.A.C.E.® credit
- ☐ I wanted to hear from the presenter(s)
- ☐ I try to attend all/most OneLab events
- ☐ My supervisor or colleague recommended this event to me
- ☐ Other...

☒

test

### (10) I plan to attend future OneLab events. (select one)

☒ Yes

☐ No

☐ Unsure

### (10a) Please explain:

test

## Your Feedback

### (11) Please provide any additional feedback you would like to share with the OneLab team.

test

### (12) What aspects of the event did you find most engaging? Why?

test

### (13) What critical laboratory training and education topics would you like future OneLab events to address?

test

### (14) How could future OneLab events be improved (e.g., format, content, speakers)?

test

### (15) Are you interested in presenting at a future OneLab event?

☒ Yes

☐ No

☐ Unsure

### (15a) What topic would you like to present?

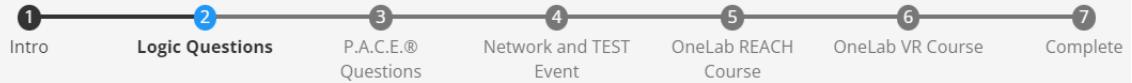
test

Thank you for completing this OneLab event survey. If you have any questions, please contact onelab@cdc.gov.

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## Non-P.A.C.E.® OneLab VR Course



### Logic Questions

#### Instructions

Please respond to each question by clicking on the button beside the option(s) that best reflect(s) your opinion. Please click SUBMIT to continue the survey.

**(1) Are you completing this evaluation to receive P.A.C.E.® credit? \***

☐ Yes

☒ No

**(2) Please select the OneLab learning activity you participated in: \***

☐ OneLab Network event

☐ OneLab TEST event

☐ OneLab REACH course

☒ OneLab VR course

☐ Other...

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## OneLab VR Course

### Instructions

Please respond to each question by clicking on the option (s) that best reflect you opinion(s). Please click SUBMIT to complete the survey.

### Information Sharing

(1) Please specify the extent to which you agree with each statement below:

|                                                                                                        | Strongly agree        | Agree                 | No opinion/Not applicable | Disagree                         | Strongly disagree                |
|--------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|---------------------------|----------------------------------|----------------------------------|
| (1a) This scenario was a good use of my time.                                                          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     | <input checked="" type="radio"/> | <input type="radio"/>            |
| (1b) This scenario met at least one of my critical training/education needs.                           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     | <input type="radio"/>            | <input checked="" type="radio"/> |
| (1c) This scenario covered the information I expected based off the scenario description.              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     | <input checked="" type="radio"/> | <input type="radio"/>            |
| (1d) I plan to use information learned from this scenario at my job.                                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     | <input type="radio"/>            | <input checked="" type="radio"/> |
| (1e) The topics covered throughout this scenario were relevant to my work.                             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     | <input checked="" type="radio"/> | <input type="radio"/>            |
| (1f) The topics covered throughout this scenario were timely.                                          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     | <input type="radio"/>            | <input checked="" type="radio"/> |
| (1g) I would recommend this OneLab VR scenario to my colleagues.                                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     | <input checked="" type="radio"/> | <input type="radio"/>            |
| (1h) The feedback was appropriate and helpful in supporting my understanding of the scenario material. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     | <input type="radio"/>            | <input checked="" type="radio"/> |
| (1i) The content throughout this scenario was presented clearly.                                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     | <input checked="" type="radio"/> | <input type="radio"/>            |
| (1j) The OneLab VR platform was user-friendly.                                                         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     | <input type="radio"/>            | <input checked="" type="radio"/> |

(1a) Please provide more information for your response.

(1b) Please provide more information for your response.

(1c) Please provide more information for your response.

(1d) Please provide more information for your response.

(1e) Please provide more information for your response.

(1f) Please provide more information for your response.

(1g) Please provide more information for your response.

(1h) Please provide more information for your response.

(1i) Please provide more information for your response.

(1j) Please provide more information for your response.

(2) Please rate the amount of experience you have with using VR (including and in addition to OneLab VR).

- ☐ No experience at all
- ☒ Moderate experience
- ☐ A lot of experience

(3) Did you complete the OneLab VR tutorial?

- ☒ Yes  
☐ No

(3a) Please provide information about your experience completing the tutorial (was it helpful, etc.)

test

(4) Are you aware that OneLab VR offers multiplayer functionality?

- ☐ Yes  
☒ No

(4a) Would you like to receive more information on OneLab VR multiplayer?

- ☒ Yes  
☐ No

(4aa) Please provide your email address:

test

(5) Did you use subtitles and subtitle configurations while you accessed this OneLab VR scenario?

- ☒ Yes  
☐ No

(5a) Please provide information about your experience using subtitles and subtitle configurations (was it helpful, etc.)

test

(6) Did you use the multiplayer functionality in OneLab VR to teach and learn with your coworkers?

- ☐ Yes  
☒ No

(7) Please specify the extent to which you agree with each statement below:

|                                                                                                                           | Strongly agree        | Agree                 | No opinion/Not applicable | Disagree                         | Strongly disagree                |
|---------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|---------------------------|----------------------------------|----------------------------------|
| (7a) I found the OneLab VR environment easy to navigate.                                                                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     | <input checked="" type="radio"/> | <input type="radio"/>            |
| (7b) The OneLab VR environment helped me feel more confident in my ability to apply the skills presented in the scenario. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     | <input type="radio"/>            | <input checked="" type="radio"/> |
| (7c) The OneLab VR environment allowed me to interact naturally with the virtual world.                                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     | <input checked="" type="radio"/> | <input type="radio"/>            |
| (7d) The visual and audio elements in the OneLab VR environment were realistic and engaging.                              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     | <input type="radio"/>            | <input checked="" type="radio"/> |
| (7e) When interacting with the equipment in the OneLab VR environment, it reacted appropriately to my actions.            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>     | <input checked="" type="radio"/> | <input type="radio"/>            |

(7a) Please provide more information for your response.

test

(7b) Please provide more information for your response.

test

(7c) Please provide more information for your response.

test

(7d) Please provide more information for your response.

test

(7e) Please provide more information for your response.

test

(8) What aspects of the OneLab VR environment did you find most engaging? Why?

test

(9) Did you encounter any challenges or accessibility issues while navigating or interacting with the OneLab VR environment? How can these be addressed?

test

(10) How well do you think the OneLab VR environment facilitated your learning experience? Please provide examples.

test

(11) What additional features or content would you like to see in the OneLab VR environment to enhance your learning experience?

test

(12) Overall, how satisfied are you with the OneLab VR environment as a learning tool? Please explain your response.

test

(13) What interactions in the OneLab VR environment did you find most engaging or enjoyable? Why?

test

(14) What additional features or improvements could be made to the OneLab VR environment to enhance the immersive experience for learners?

test

Thank you for completing this OneLab VR survey. If you have any questions, please contact [onelab@cdc.gov](mailto:onelab@cdc.gov).

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