

**Asthma Educator Certificate Course**  
**Two-month follow-up survey**  
 (March 2004)

Please complete the following questions based on your experience at the Asthma Educator Certificate Course sponsored by the American Lung Association of Minnesota. Information that you and other participants provide will assist the American Lung Association of Minnesota to improve future courses.

The information you provide is confidential. This survey will take about 3 minutes. Please complete the following questions and return the survey electronically, by mail, or by fax. Thank you in advance for your time and input.

How frequently do you work with patients with asthma?

- Daily
- Weekly
- Monthly
- Less than monthly
- I do not directly work directly with patients with asthma.

Please rate the following characteristics using the scale provided.

	Very much	Somewhat	Not very much	Not at all	I don't know
The degree to which I have been able to apply what I learned from the course.	5	4	3	2	1
The degree to which I have been able to use the skills that I learned and practiced at the course.	5	4	3	2	1
The degree to which I have been able to use the patient education and counseling skills that I learned at the course.	5	4	3	2	1

What information should be included, or covered in more depth, in future Asthma Educator Certificate Courses?

What did you learn from the course that has changed your practice related to asthma education?

Additional comments or suggestions for improvement:

Have you sat for the National Certified Asthma Educator Exam?

Yes

No

Do you intend to sit for the National Certified Asthma Educator Exam?

Yes

No

**Please return this survey to:**

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**Thank you for completing this survey!!!**