

## CHILDCARE PROVIDERS ASTHMA TRAINING

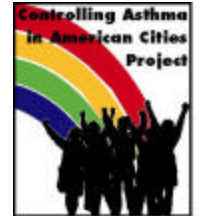
### Form #2

#### Post-training survey - (To be completed immediately following completion of the training)

In order to demonstrate how effectively the American Lung Association and the Controlling Asthma in American Cities Project are providing training and resources to child care providers, we are asking participants in this training to complete the following post-training survey. We will use your feedback to improve our programming.

Your answers will be confidential and any reports we write will include only aggregated responses from all training participants. Thank you!

- |  |                               |                                 |                                   |                               |                            |
|--|-------------------------------|---------------------------------|-----------------------------------|-------------------------------|----------------------------|
| 1. How satisfied were you with the amount of information you received in this training?      | <i>Very Satisfied</i><br>1    | <i>Somewhat Satisfied</i><br>2  | <i>Somewhat Dissatisfied</i><br>3 | <i>Very Dissatisfied</i><br>4 | <i>I Don't Know</i><br>5   |
| 2. How satisfied were you with the quality of the information you received in this training? | <i>Very Satisfied</i><br>1    | <i>Somewhat Satisfied</i><br>2  | <i>Somewhat Dissatisfied</i><br>3 | <i>Very Dissatisfied</i><br>4 | <i>I Don't Know</i><br>5   |
| 3. How satisfied were you with the organization of the training?                             | <i>Very Satisfied</i><br>1    | <i>Somewhat Satisfied</i><br>2  | <i>Somewhat Dissatisfied</i><br>3 | <i>Very Dissatisfied</i><br>4 | <i>I Don't Know</i><br>5   |
| 4. How satisfied were you with the relevance of this training to your work?                  | <i>Very Satisfied</i><br>1    | <i>Somewhat Satisfied</i><br>2  | <i>Somewhat Dissatisfied</i><br>3 | <i>Very Dissatisfied</i><br>4 | <i>I Don't Know</i><br>5   |
| 5. How satisfied were you with the written materials provided in this training?              | <i>Very Satisfied</i><br>1    | <i>Somewhat Satisfied</i><br>2  | <i>Somewhat Dissatisfied</i><br>3 | <i>Very Dissatisfied</i><br>4 | <i>I Don't Know</i><br>5   |
| 6. The information presented increased my knowledge in working with children with asthma.    | <i>Strongly Disagree</i><br>1 | <i>Moderately Disagree</i><br>2 | <i>Agree</i><br>3                 | <i>Moderately Agree</i><br>4  | <i>Strongly Agree</i><br>5 |
| 7. The program was useful in preparing me to care for a child with asthma.                   | <i>Strongly Disagree</i><br>1 | <i>Moderately Disagree</i><br>3 | <i>Agree</i><br>3                 | <i>Moderately Agree</i><br>4  | <i>Strongly Agree</i><br>5 |



- |   |                            |                                |                                   |                               |                          |
|---|----------------------------|--------------------------------|-----------------------------------|-------------------------------|--------------------------|
| 8. Overall, how satisfied were you with this training?                                    | <i>Very Satisfied</i><br>1 | <i>Somewhat Satisfied</i><br>2 | <i>Somewhat Dissatisfied</i><br>3 | <i>Very Dissatisfied</i><br>4 | <i>I Don't Know</i><br>5 |
| 9. How likely is it that you will use what you learned during this training in your work? | <i>Very Likely</i><br>1    | <i>Somewhat Likely</i><br>2    | <i>Not Very Likely</i><br>3       | <i>Not at All Likely</i><br>4 | <i>I Don't Know</i><br>5 |

10. Which parts of this training were most useful to you? (Check all that apply)

- What is asthma
- Signs and symptoms of respiratory distress
- When to give medications
- How to use equipment
- How to make environmental modifications
- Other

11. Do you have any other suggestions for improving the in-service?

**Thank you for taking the time to answer these questions!**  
**If you have any questions or need more information, please contact us at the**  
**American Lung Association of Minnesota.**