

**QUESTIONNAIRE ON
ICD-10 TRAINING MATERIALS**

Please complete one of these questionnaires for **each** set/type/package of ICD-10 training materials (including those for national versions or clinical modifications) known or used.

Name of WHO Regional Office or Collaborating Centre, IFHRO Member Country, or educational institution: _____

Person completing the questionnaire: _____
(Please include contact information at the end.)

Name of training product (if available): _____

Who is the author/developer of the training product? (name and contact details)

Who owns the training product? (name and contact details)

Is there a copyright on the training product?

_____ No

_____ Yes

Is it necessary to obtain a license to use the training product?

_____ No

_____ Yes (please indicate the cost involved and any limitations imposed)

1. Purpose of training product (please tick all that apply):

- ICD-10 mortality coding training – underlying cause, basic
- ICD-10 mortality coding training – underlying cause, advanced
- ICD-10 mortality coding training – multiple cause, basic
- ICD-10 mortality coding training – multiple cause, advanced
- ICD-10 morbidity coding training – learn to code (if the materials relate to a national version or clinical modification, please specify the name of the classification: _____)
- ICD-10 morbidity coding training – update from ICD-8/ICD-9 to ICD-10
- Orientation to ICD-10 (basic introduction to the classification and its uses, e.g., for doctors, medical/paramedical students, statisticians, other data users)
- Awareness building for ICD-10 (advocacy materials, relationship of classification to planning and management, e.g. for high level management)
- Other (please specify) _____

2. Target audience (please tick all that apply)

- Trainers of coders
- Coders
- Clinicians/doctors
- Health record/information students
- Medical students
- Paramedical students
- Statisticians/epidemiologists
- Health information analysts
- Health information managers/medical record personnel
- Health planners and managers

_____ High-level decision makers

_____ Others (please specify) _____

3. What language/s is this training package available in? _____

4. Is it possible to obtain translation rights?

_____ No

_____ Yes (please describe the procedure involved, cost, etc.) _____

5. Are there any pre-requisites (e.g. for minimum educational level, experience, etc.) required of students using this training product?

_____ No

_____ Yes (please describe) _____

6. What media is used for the training product?

_____ Paper-based

_____ Computer-based

_____ Web-based

_____ Other (please specify) _____

7. Are there plans for additional media to be used for this training product?

_____ No

_____ Yes (please describe the media planned to be used and the expected date of availability) _____

8. What is the usual duration of courses (in hours, days, weeks or months) for which this training product is used?

9. Is there an examination associated with the training product?

_____ No

_____ Yes (please describe) _____

10. How is the training product used? (please tick all that apply)

_____ face-to-face courses

_____ self-education/learning – distance education (no face to face instructor)

_____ self-education/learning – on site (access to instructor)

_____ Other (please specify) _____

11. Is this product available to the public?

_____ No

_____ Yes (please tick all that apply)

_____ through a distribution centre

_____ on the internet

_____ from the author/producer

_____ from the Collaborating Centre

_____ other (please specify) _____

12. Is there a charge for the training product?

_____ No

_____ Yes (please specify amount and currency) _____

13. Are there provisions/mechanisms for updating the training product to reflect changes in ICD-10?

_____ No

_____ Yes (please describe provisions/mechanisms as completely as possible)

Person Completing the Questionnaire

Name: _____

Designation: _____

Organization: _____

Address: _____

Telephone no: _____

Fax no: _____

E-mail address: _____

Role in ICD implementation: _____

Return completed questionnaire to: American Health Information Management Association, Attention: Yvette Apura, 233 North Michigan Avenue, 21st Floor, Chicago, Illinois, 60601, USA. Thank you.