# Centers for Disease Control and Prevention

# National Network of STD/HIV Prevention Training Centers

# 2014 National STD Prevention Conference

# “STD 101 In A Box Workshop”: June 9, 2014

**Evaluation Form**

**Please complete this form and return it at the end of the program. Your feedback is important!**

Name: (optional)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Degree:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(BA, RN, MPH, etc.)

Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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##### Common STDs

Please circle the number that best reflects your opinion

**( 5 = strongly agree 3 = neutral 1 = strongly disagree)**

1. Information was practical and useful to me 5 4 3 2 1
2. Speaker demonstrated mastery of subject 5 4 3 2 1
3. Presentation was clear and well-organized 5 4 3 2 1
4. Speaker was receptive to questions and discussion 5 4 3 2 1
5. Learning objectives were met 5 4 3 2 1

### Comments\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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##### Current Epidemiology of Selected STDs

Please circle the number that best reflects your opinion

**( 5 = strongly agree 3 = neutral 1 = strongly disagree)**

1. Information was practical and useful to me 5 4 3 2 1
2. Speakers demonstrated mastery of subject 5 4 3 2 1
3. Presentation was clear and well-organized 5 4 3 2 1
4. Speaker was receptive to questions and discussion 5 4 3 2 1
5. Learning objectives were met 5 4 3 2 1

### Comments\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##### Sex In The City: THE HIV/STD Inter-Relationship

Please circle the number that best reflects your opinion

**( 5 = strongly agree 3 = neutral 1 = strongly disagree)**

1. Information was practical and useful to me 5 4 3 2 1
2. Speakers demonstrated mastery of subject 5 4 3 2 1
3. Presentation was clear and well-organized 5 4 3 2 1
4. Speaker was receptive to questions and discussion 5 4 3 2 1
5. Learning objectives were met 5 4 3 2 1

### Comments\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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##### Expanding Opportunities For STD Prevention

Please circle the number that best reflects your opinion

**( 5 = strongly agree 3 = neutral 1 = strongly disagree)**

1. Information was practical and useful to me 5 4 3 2 1
2. Speaker demonstrated mastery of subject 5 4 3 2 1
3. Presentation was clear and well-organized 5 4 3 2 1
4. Speaker was receptive to questions and discussion 5 4 3 2 1
5. Learning objectives were met 5 4 3 2 1

### Comments\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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##### State and Local STD Prevention Programs

Please circle the number that best reflects your opinion

**( 5 = strongly agree 3 = neutral 1 = strongly disagree)**

1. Information was practical and useful to me 5 4 3 2 1
2. Speakers demonstrated mastery of subject 5 4 3 2 1
3. Presentation was clear and well-organized 5 4 3 2 1
4. Speaker was receptive to questions and discussion 5 4 3 2 1
5. Learning objectives were met 5 4 3 2 1

### Comments\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Overall Program Evaluation**

Please circle the number that best reflects your opinion **(5 = strongly agree; 3 = neutral; 1 = strongly disagree).**

1. This program met my personal objectives 5 4 3 2 1
2. Overall, content was relevant to objectives 5 4 3 2 1
3. The knowledge learned in this course will enhance my practice 5 4 3 2 1
4. The question and discussion periods were well organized 5 4 3 2 1
5. Will your participation in this course help you in your own work setting? If so, how?

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1. Please make suggestions to improve the program:

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7. What portion of this program was most helpful to you? Why?

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8. What portion of this program was least helpful to you? Why?

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9. Overall, how would you rate the quality of this activity and its educational content? (Please circle one)

Excellent Good Fair Poor

**Thank you for completing this evaluation form!**