



Course Evaluation

A. Workplace demographics

Instructions: For each question, please check the appropriate box or offer any comments you may have.

1. What is your gender?

- Male Transgender Male Genderqueer
 Female Transgender Female Choose not to disclose
 Other: _____

2. Are you Hispanic or Latino?

- Yes No |

3. Please describe your race (**Check all that apply**)

- White Asian
 Black, African. African-American Native Hawaiian or Pacific Islander
 Native American, American Indian, or Alaska Native
 Other: _____

4. Check the option that best describes where you work:

- Community Health Clinic Private Health Clinic
 County Health Department Community Health Worker Association
 Other: _____

5. Check the option that best describes your position at work:

- Medical Assistant Lay Health Worker
 Nurse/Vaccination Nurse Promotora/Community Health Worker
 Physician Assistant Health Educator
 Physician Program Coordinator
 Other: _____

6. In which region(s) do you work? Check all that apply.

Urban Suburban Rural



7. Do you currently use any programs or resources to promote HPV vaccination?

Yes No

If yes, please describe: _____

B. Training course

Instructions: Please indicate how much you agree with each statement below. Mark with an “X” the box that best describes how much you agree.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
The training objectives were clear.					
The course will help me with my work.					
The course materials provided were helpful.					
I understood the content of the course.					
Information about HPV was easy to understand.					
Information about the HPV vaccine was easy to understand.					
Information about For Our Children was easy to understand.					
There was enough time allocated to each topic.					
The course increased my knowledge of HPV.					
The course increased my knowledge of the HPV vaccine.					
I can use the communication skills I learned in the course to talk to parents about HPV and the HPV vaccine.					
I understand how to use educational resources (fotonovela and TIMI) to motivate parents to vaccinate their children.					

Instructions: Please answer the following questions about the training you just received.



1. What did you like most about the course?

2. How could the course be improved?

C. Educational resources (TIMI and fotonovela)

Instructions: Please indicate how much you agree with each statement below. Mark with an “X” the box that best describes how much you agree.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
The educational resources will help me with my work.					
I will use the resources to educate parents about HPV and the benefits of the HPV vaccine.					
The educational resources will be helpful to for my clients/patients.					
I am confident I can use the TIMI to educate parents about the HPV vaccination.					
I am confident I can use the fotonovela to educate parents about the HPV vaccination.					
My clinic/organization will support me in using educational resources.					

Instructions: Please answer the following questions about the *For Our Children* program.



1. Would you recommend *For Our Children* to others in your profession? Why?

2. Is there anything you would change about *For Our Children* to make it easier to implement?

Thank you for completing this survey: The information you provided will help evaluate “*For Our Children*” training and program materials. All of your answers will remain confidential.