“You Are The Key” HPV Training Presentation
Evaluation Questionnaire

Please place a mark in the check box that best corresponds to your response to each question or statement. Your responses will be used to help us assess the impact of our training as well as to improve our programs.

1. What is your profession?
   [ ] Physician
   [ ] Pharmacist
   [ ] Nurse Practitioner
   [ ] Physician Assistant
   [ ] Registered Nurse/LPN
   [ ] Medical Assistant/Office Staff
   [ ] Behavioral Health Professional
   [ ] Other practicing health professional
   [ ] Dentist
   [ ] Dental Hygienist/Dental Assistant
   [ ] Other Oral Health
   [ ] Health Educator/
   CHES
   [ ] Community Health Worker/Promotora
   [ ] EMT/Paramedic/First Responder
   [ ] Fire Fighter/First Responder
   [ ] Medical Resident
   [ ] Student – Medical
   [ ] Student - Nurse Practitioner
   [ ] Student - Physician Assistant
   [ ] Student - Nurse
   [ ] Student - Pharmacist
   [ ] Student in other health professions program
   [ ] Student – Dentist
   [ ] Student -Dental Hygienist/ Dental Assistant
   [ ] Student - Other Oral Health Professional

2. As a result of this training, I am better able to describe the burden of HPV disease.
   [ ] Strongly agree
   [ ] Neither agree nor disagree
   [ ] Disagree
   [ ] I was already able to describe the burden of HPV disease

3. As a result of this training, I can define the importance of HPV vaccination for cancer prevention.
   [ ] Strongly agree
   [ ] Neither agree nor disagree
   [ ] Disagree
   [ ] I was already able to define the importance of HPV vaccination for cancer prevention

4. As a result of this training, I am better able to explain the rationale for vaccinating youth at ages 11 or 12.
   [ ] Strongly agree
   [ ] Neither agree nor disagree
   [ ] Disagree
   [ ] I was already able to explain the rationale for vaccinating youth at ages 11 or 12.

5. As a result of this training, I am more aware of the CDC recommendations for administering the HPV vaccine to both boys and girls.
   [ ] Strongly agree
   [ ] Neither agree nor disagree
   [ ] Disagree
   [ ] I was already aware of the CDC recommendations for administering the HPV vaccine to boys and girls.

6. As a result of this training, I can provide useful and compelling information about the HPV vaccine to parents to aid in making the decision to vaccinate.
   [ ] Strongly agree
   [ ] Neither agree nor disagree
   [ ] Disagree
   [ ] I was already able to provide useful and compelling information about the HPV vaccine to parents.

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7. As a result of this training, I can locate resources relevant to current immunization practice.
   [ ] Strongly agree    [ ] Neither agree nor disagree    [ ] Disagree
   [ ] Agree
   [ ] I was already able to locate resources relevant to current immunization practice.

8. **For Practicing professionals:** As a result of this training, I plan to implement at least one change to improve my practice or patient care to increase HPV vaccinations.
   [ ] Strongly agree    [ ] Neither agree nor disagree    [ ] Disagree
   [ ] Agree
   [ ] Strongly disagree
   [ ] Not relevant

9. **For Practicing professionals:** Describe how you plan to use the information from this training to modify your practice to increase HPV vaccinations:
   [ ] Not applicable OR I am a student
   [ ] I don’t intend to make any changes in my practice at this time
   [ ] Implement “same day/same way” practice as discussed in the training
   [ ] Implement or revise reminder/recall process as discussed in the training
   [ ] Implement strong recommendations as discussed in the training
   [ ] Not relevant
   [ ] Modify my practice in other ways as discussed in the training → please explain:

10. **For Professionals Only:** The content and learning materials addressed a need or a gap in my knowledge or skills to increase HPV vaccinations among my patients.
    [ ] Strongly agree    [ ] Disagree
    [ ] Agree
    [ ] Strongly disagree
    [ ] Not relevant

11. **For Students Only:** The content and instructional materials presented met my educational needs regarding HPV vaccinations.
    [ ] Strongly agree    [ ] Disagree
    [ ] Agree
    [ ] Strongly disagree
    [ ] Not relevant

12. Any other feedback or comments?

13. Finally, we need to assess the impact of our training programs and would like to contact you in about 3 months to ask you 4 short questions to see if you have been able to use any of the information that was presented. If you are willing to help us with this follow-up assessment, please enter your email address:

    __________________________________________________________.
    We will email a link to the survey to you at this address.

**Thank you so much for your responses.**

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