

**Bureau of Primary Health Care
Calendar Year 2011 UDS Training Program Evaluation**

We are very interested in your opinion of the training provided today and would like to ask your cooperation in completing this evaluation form. For each statement, please indicate if you agree or disagree using a rating scale from 1 to 5. A rating of '5' indicates that you strongly **AGREE** with the statement while a rating of '1' indicates that you strongly **DISAGREE** with the statement. A response of '3' indicates that you neither agree nor disagree or have no opinion.

Please indicate the location of this training: _____

TRAINING ELEMENTS	Circle your response				
	Agree	←	→	Disagree	
1. Have you ever participated in a formal UDS training program before?		Yes		No	
2. The design and format of this training provided a good understanding of the UDS tables and reporting requirements.	5	4	3	2	1
3. The trainer was knowledgeable and presented well.	5	4	3	2	1
4. The goals and objectives outlined were fully covered.	5	4	3	2	1
5. There was enough time to have questions addressed.	5	4	3	2	1
6. The handouts were clear and will prove useful to reference in the future.	5	4	3	2	1
7. The process clearly outlined when, where, and how to report the data for UDS reporting.	5	4	3	2	1

8. What did you like *best* about this training?

9. What recommendations do you have to improve this training?

10. Have you learned anything during this training that will change how you complete the UDS report?
Circle one:

1. No, I don't think that this training will impact how I complete the UDS.
2. No, I already knew everything that was covered in the training session.
3. I'm not sure, but the knowledge gained might change the way that I complete the UDS,
4. Yes, the training provided knowledge that will change how I complete the UDS.

11. If yes, please describe one or two things that you will do differently as a result of this training program:

Thank you. Your feedback is valuable and appreciated!

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