Thank you for completing the following survey.

Confidentiality Statement
Your responses are confidential and will be analyzed collectively with other participant responses. Aggregate data are used to provide instructors and course designers with feedback regarding the quality of the course and collective benefit to the participants. NWCPHP does not disclose individually identifiable responses, and in no way will your responses be linked to or reflected in your employee personnel file.

Directions
Please mark only one answer for each question unless otherwise requested. [For electronic surveys (Survey Monkey): At the end of the survey, please click “Done” to submit your responses.]

1. How did you receive the (name) Exercise?
   - By mail on a CD-ROM
   - By downloading it from the Northwest Center for Public Health Practice Web site
   - At a conference
   - Other (please specify)_________________

2. Has your organization/agency conducted the (name) Exercise?
   - No
   - Yes (skip to question #8)

3. Please mark the reason(s) why you have not conducted the Exercise. (Mark as many as apply)
   - Passed the Exercise along to others to use
   - Used a different learning exercise or training program
   - No time to review materials
   - Did not have appropriate technology to use the Exercise
   - No time available to lead the Exercise
   - Unable to get a group of people together
   - Didn’t have a facilitator for the Exercise
   - Situation did not apply to our community
   - Unsure about how useful this would be
   - Other (Please specify) _________________________

4. If you passed the Exercise on to others to use, please provide their name and email address so we may include them in this survey.

5. If you used a different learning exercise or training program, please describe the exercise/program that you used.
6. **Does your organization/agency have plans to implement the [name] Exercise in the future?**
   - [ ] Yes, it will be implemented in the next three months
   - [ ] Yes, but unsure when it will be implemented
   - [ ] No plans to implement at this time
   - [ ] Don’t know
   - [ ] Other (Please describe) ___________________

7. Please use the space below to provide any other comments about the Exercise.

   **This completes the survey if the Exercise was not implemented.**

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8. **How many times has the Exercise been conducted by your organization/agency?**
   - [ ] 1 time
   - [ ] 2 times
   - [ ] 3 times
   - [ ] 4 times
   - [ ] 5 or more times

9. **When was the most recent time the Exercise was conducted? (Please specify the month and year.)**

   **In reference to the most recent time the Exercise was conducted:**

10. **Did you either serve as the facilitator or serve some other role in conducting the Exercise?**
    - [ ] No
    - [ ] Yes (skip to question #12)

11. Please provide the name and email address of the person who facilitated the Exercise so we may include them in this survey. ________

    **This completes the survey if the person responding did not facilitate/help conduct the Exercise.**

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**Survey questions for facilitators.**

Please answer the following questions about the **most recent time** the Exercise was conducted. If you were not the primary facilitator, please answer the questions to the best of your ability.

12. **What type of organization or agency do you work for?**
    - [ ] College or university
    - [ ] Community-based or nonprofit organization
    - [ ] Federal health agency
    - [ ] Health department - local/county
Health department – state
Hospital, medical center, clinic, or other health delivery center
Police, fire, or EMS
Private industry or business
Tribe or tribal organization
Other, please specify:

13. In what state do you work?
   - Alaska
   - Idaho
   - Montana
   - Oregon
   - Washington
   - Wyoming
   Other, please specify:

14. How many people participated in the Exercise?
   - 6 - 9
   - 10 - 15
   - 16 - 20
   - 21+

15. Which of the following describe the job categories of the participants? (Mark all that apply.)
   - Administrator, Manager, or Director
   - Bioterrorism or Chemical Terrorism Coordinator
   - Dental Professional
   - Emergency Management planner
   - Environmental Health professional
   - Epidemiologist or Biostatistician
   - First Responder (EMT, paramedic, firefighter)
   - Health Educator/Trainer
   - Infection Control Practitioner
   - Information Technology specialist
   - Laboratorian
   - Law Enforcement (police, state patrol, FBI, etc.)
   - Legal Professional (attorney, judicial)
   - Mental or Behavioral Health professional
   - Nurse (community or public health nurse)
   - Nurse (other RN, LPN, BSN, etc.)
   - Pharmacist
   - Physician
   - Public Information, Media Relations, or Communications specialist
   - Student
   - Teacher/Faculty
   - Veterinarian
   Other, please specify:
16. How many times have you previously facilitated or helped conduct a tabletop exercise?
   - Never (this was my first time)
   - 1 time
   - 2 - 4 times
   - 5 or more times

17. How long did it take to conduct the (name) Exercise?
   - Less than 1 hour
   - 1 to 2 hours
   - 2 to 3 hours
   - More than 3 hours

18. Overall, the (name) Exercise was relatively easy to facilitate.
   - Strongly Agree
   - Agree
   - Disagree
   - Strongly Disagree

19. The Exercise included clear, easy-to-follow instructions on how to facilitate the Exercise.
   - Strongly Agree
   - Agree
   - Disagree
   - Strongly Disagree

20. Did you experience any technical difficulties?
   - No
   - Yes

21. [For Paper-based surveys: If you answered yes to #20, please indicate the type of technical difficulty you experienced.]
    [For electronic surveys (Survey Monkey), link this question based on the answer response]
    Please briefly describe the technical difficulties you experienced.

22. Did you encounter any other problems administering the Exercise (e.g., time, space, equipment)?
   - No
   - Yes

23. If you answered “yes” to #22, please describe the problem(s) you encountered.

24. The quantity of information presented was:
   - Not enough
   - About right
   - Too much
25. The level of complexity of the Exercise was:
   - [ ] Too easy
   - [ ] About right
   - [ ] Too difficult

26. The Exercise content was relevant to the work of the participants’ organizations/agencies.
   - [ ] Strongly Agree
   - [ ] Agree
   - [ ] Disagree
   - [ ] Strongly Disagree

27. If additional learning/training needs were identified, please list the topics that are of interest to the participants.

28. Did you modify or customize the Exercise to better meet the needs of the participants?
   - [ ] No
   - [ ] Yes

29. If you answered “yes” to #28, please indicate how you modified the Exercise.

30. Does your organization/agency plan to conduct the Exercise again in the future?
   - [ ] No
   - [ ] Yes
   - [ ] Don’t know/Unsure

31. If you answered “yes” to #31, please indicate when you plan to conduct the Exercise and who will participate.
32. Please rate the overall Exercise.

☐ Excellent
☐ Very Good
☐ Good
☐ Fair
☐ Poor

33. I would recommend the Exercise to other communities/agencies.

☐ Strongly Agree
☐ Agree
☐ Disagree
☐ Strongly Disagree

34. Did you conduct a participant evaluation of the Exercise?

☐ No
☐ Yes

35. If you answered “yes” to #34, would you be willing to share your results with project staff?

☐ Please contact me to discuss the results (email ______________________)  
☐ I do not wish to share results.

36. Please use the space below to provide any additional comments about your experience with the [name] Exercise, including ways the Exercise could be modified to make it more useful.

Thank you for completing the survey!