# Pilot Program Feedback Form

Thank you for volunteering to pilot the Infectious Disease Self-Administered TTX. Please take a chance to write down your observations and experience with the materials as they were provided to you.

## Part I: General Information

Please enter your responses in the form field or check box after the appropriate selection.

Name:

Agency/Organization Affiliation:

Position Title:

## Part II: Exercise Materials

Please rate, on a scale of 1 to 5, your overall assessment of the exercise relative to the statements provided, with 1 indicating strong disagreement and 5 indicating strong agreement.

| **Assessment Factor** | **Strongly****Disagree** | **Strongly Agree** |
| --- | --- | --- |
| The exercise materials were easy to understand and fill out.  | 1 | 2 | 3 | 4 | 5 |
| The exercise materials were sufficient for our exercise needs.  | 1 | 2 | 3 | 4 | 5 |
| The exercise materials appropriately explained the expectations and needs for conducting a tabletop exercise.  | 1 | 2 | 3 | 4 | 5 |
| The package of exercise materials were organized effectively.  | 1 | 2 | 3 | 4 | 5 |
| The resources provided in the back of the SitMan are sufficient for this exercise.  | 1 | 2 | 3 | 4 | 5 |
| My jurisdiction was able to customize the information in the packet.  | 1 | 2 | 3 | 4 | 5 |
| I felt that this exercise format was effective.  | 1 | 2 | 3 | 4 | 5 |

## Part III: Written Feedback

1. **What would you change about the documents and how they were presented?**
2. **What was the most difficult part of administering the exercise?**
3. **Was the exercise easy to understand and execute?**
4. **Which exercise materials were most useful? Please identify any additional materials or resources that would be useful.**
5. **How much time did it take you to prepare the documentation?**
6. **How would you improve this exercise for future users?**