



Southeastern Coastal Center

for Agricultural Health and Safety

COVID-19 Training Post Survey

Dear training participant,

The Southeastern Coastal Center for Agricultural Health and Safety (SCCAHS) is requesting your participation in a survey based on your experience receiving education and training about fighting COVID-19. Because of the unique challenges and increased risks posed by COVID-19 for people working in agriculture and natural resources, the survey asks for feedback on the training you received in order to improve them in the future. It should only take you about 5 minutes to complete and participation is voluntary. You do not have to answer any questions you do not feel comfortable answering, and your personal information will be kept private and confidential. Your feedback and timely completion are greatly appreciated.

There is no more than minimal risk associated with participating in this survey and there are no direct benefits or compensation for participants. However, your participation will actively contribute to enhancing the focus and quality of future educational products that SCCAHS develops for you.

If you have any questions, please contact Cassandra Ward at misscassw@ufl.edu or Sebastian Galindo at sgalindo@ufl.edu.

If you have questions about your rights, please contact the UFIRB office at irb2@ufl.edu.

To start, we would like to learn about your COVID-19 training.

1. When did your training take place?

Month: _____ Day: _____ Year: _____

2. In which state or territory did you attend the training?

- | | | |
|--------------------------------------|---|---|
| <input type="checkbox"/> Alabama | <input type="checkbox"/> Georgia | <input type="checkbox"/> Florida |
| <input type="checkbox"/> Mississippi | <input type="checkbox"/> North Carolina | <input type="checkbox"/> South Carolina |
| <input type="checkbox"/> Puerto Rico | <input type="checkbox"/> Virgin Islands | <input type="checkbox"/> Other: _____ |

3. How did you learn about the training?

- My employer
- A co-worker
- Friends/family
- A local extension agent
- Other: _____

Now, we want to get an idea of the value this training had for you.

4. Please rate your level of agreement for the following statements:

"As a result of participating in this training, I..."

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
learned something new about the ways COVID-19 is spread.	1	2	3	4	5
learned new methods to fight COVID-19.	1	2	3	4	5
feel more prepared to reduce my risk of getting infected with COVID-19.	1	2	3	4	5
will use the information/materials provided during the training in my daily life.	1	2	3	4	5
plan to share what I learned with others.	1	2	3	4	5

5. Who do you plan to share information/materials from the training with? Mark all that apply. ***If you do not plan to use or share the information or materials from the training, skip to Question 7.***

- Co-workers
- Friends
- Family
- Other: _____

6. If you plan to share and/or use information or materials included in the COVID-19 training, which language(s) will you do so in?

	English	Spanish	Both English and Spanish	N/A
Use information/materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Share information/materials with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. What do you feel are the three most valuable things you learned during the training?

- (1) _____
- (2) _____
- (3) _____

Next, we want to know about your experience during the training.

8. Thinking about the information and materials used in your training, please share your level of agreement for each statement:

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
The information was easy to understand.	1	2	3	4	5
The information was accurate.	1	2	3	4	5
The information was relevant to me.	1	2	3	4	5
The materials were of high quality.	1	2	3	4	5
The information and materials are valuable to helping fight COVID-19.	1	2	3	4	5

9. What, if any, are the potential barriers for you applying the methods you learned about today?

10. How can we improve the training and/or materials?

Please continue to the next page to start the final section.

With these last few questions, we want to learn more about you.

11. Under which age range do you fall?

- 18-24 25-34 35-44
 45-54 55-64 > 75

12. What is your gender identity?

- Man Woman Gender variant / nonbinary
 I would like to provide my own gender: _____

13. What is your marital status?

- Married Widowed Divorced Separated Never married

14. Do you consider yourself Hispanic/Latino?

- Yes, I am Hispanic/Latino No, I am not Hispanic/Latino

15. Which category(ies) best describes your race(s)? Mark all that apply to you.

- American Indian or Alaska Native Asian Black or African American
 Native Hawaiian or Pacific Islander White or Caucasian
 Other (please specify): _____

16. What is the highest level of education you have completed?

- Elementary school
 Middle school
 High school or GED
 Associate's degree
 Bachelor's degree
 Master's degree
 Doctoral/Professional degree

17. What is your zip code (e.g., 32609)? _____

18. Optional - If you would like to receive information about new COVID-19 educational materials that may be relevant to you, please provide the following contact information.

Name: _____

Email: _____

Phone: _____

Thank you! Please feel free to share any comments you have.
