

Nebraska One Health Youth in Agriculture Project

Instructions to Trainers and Training Activity Information Form

Pre- & Post-Training Questionnaires for In-Person 4-H or FFA Training Activities

Instructions to Trainers

We would like you to administer two short questionnaires to help us collect details about the trainees and establish their knowledge on zoonotic diseases. The two questionnaires must be given to trainees separately. The questionnaire titled "Pre-Training Questionnaire" should be administered before you start the training. After the training is completed, administer the questionnaire titled "Post-Training Questionnaire". We prefer that the questionnaires be completed online. Both can be accessed by scanning the QR Codes found on the printed version and these can be easily completed on a smartphone or computer.

If trainees are unable to complete the online versions of the questionnaires, you can administer print versions which should be printed separately on double-sided paper. If you have more trainees than questionnaires randomly determine who takes the test but the trainees who take the pre-test should be the same trainees assigned the post training test.

Please ensure that the completed Pre- and Post-Training Questionnaires (tests) for each participant are numbered in a manner so they can be linked together after the exercise (THIS IS CRITICAL FOR USEFULNESS OF THE INFORMATION COLLECTED).

Before you begin the exercise, please ensure that all trainees sign the attendance list and assign each a unique trainee number which should then be provided in the online questionnaires or on all pages of both their Pre- and Post-Training Questionnaires in the field named "Unique Questionnaire ID" if completed on paper.

We ask that you also kindly complete an online training information form available by scanning the following QR Code or typing this URL into your web-browser URL: <http://j.mp/2WYvzMq>



This form provides information on the location of the training, number of participants, the training activity used, and prior training opportunities for the group. If you are unable to complete the online version of this form, please fill out the hard-copy version on the back of this of sheet. Mail the completed questionnaires together with this cover note and your completed information to:

Robin Williams, NDHHS Epidemiology, 301 Centennial Mall S, 3rd Floor, Lincoln, NE 68509

No.	Question	Response
1.	Location Name (4-H County or FFA Chapter): _____ Group type: <input type="checkbox"/> 4-H <input type="checkbox"/> FFA	
2.	Date of training (mm/dd/yyyy): _____	
3.	Number of trainee's present: _____	
4.	Number of trainees taking evaluation: _____	
5.	What is the name of the club (4-H only): _____	

6.	What lesson/activity are you using with this group today? (Select all the apply)	<input type="checkbox"/> Mucous Swap <input type="checkbox"/> Mutation Nation <input type="checkbox"/> Disease Transmission and Biosecurity Activity <input type="checkbox"/> Personal Protective Equipment (PPE Activity) <input type="checkbox"/> What is a Pathogen? <input type="checkbox"/> Diseases That Animals and Humans Share: The Words You Need to Know <input type="checkbox"/> Health for One, One Health for All <input type="checkbox"/> Basics of Biosecurity <input type="checkbox"/> Building on Biosecurity: Reducing the Risk <input type="checkbox"/> Bridging Human and Animal Health <input type="checkbox"/> Other (Specify)_____
7.	Have you held similar trainings with this group in the past year? (Only include other activities that involve disease prevention, biosecurity, or human or animal health)	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	If yes, please list other activities or lessons you have used with this group in the past 12 months.	