



## First Aid and CPR Training

The American Red Cross is interested in learning about your experience with First Aid and CPR training. Please help us by answering the following questions.

Questions marked with an asterisk (\*) are required.

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1. \*Please enter the survey code given when you were invited to complete this survey:

2. Instructor's name:

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### **SERVICE QUALITY QUESTIONNAIRE** **GENERAL INFORMATION**

3. Which of the following courses on this page are you evaluating today? (SELECT ALL THAT APPLY)

- First Aid
- Adult CPR
- Infant and Child CPR
- CPR for the Professional Rescuer
- AED
- Other, please specify: \_\_\_\_\_

4. How many times have you (or your child) taken this course?

- This is my first time
- This is my second time
- This is my third time
- More than 3 times

5. Did you take this course for re-certification?

- YES       NO

6. Did you need certification for a job, school, a volunteer position, or another requirement?

- YES       NO

7. Have you taken other Red Cross courses before?

- YES       NO

8. The cost of this course is:

- Just right
- Expensive
- Inexpensive
- Did not pay

9. **If you did not pay**, select the appropriate option:
- My employer paid
- This course was free of charge
- I am not sure who paid
- Other, please specify: \_\_\_\_\_
10. You consider the length of this course to be:
- Just right
- Too long
- Too short
11. Did you complete the knowledge portion of your course using Web based (computer) technology?
- YES       NO
12. Are you interested in using computer-based learning as part of your Red Cross course in the future?
- YES       NO

13. **ABOUT THE SERVICE YOU RECEIVED**

Thinking about your experience with this Red Cross course, on a scale from 1 to 6 (with 1 being extremely poor and 6 being excellent), please rate each of the following by selecting the number that best represents your opinion.

<b>6</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>Does Not Apply</b>
Excellent	Good	Above Average	Below Average	Poor	Extremely Poor	

Instructor's ability to present information clearly.

6	5	4	3	2	1	Does Not Apply
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Instructor's knowledge and ability to answer questions.

6	5	4	3	2	1	Does Not Apply
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Inclusion of skills and information that you needed.

6	5	4	3	2	1	Does Not Apply
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Quality of course books and videos.

6	5	4	3	2	1	Does Not Apply
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Effectiveness in helping you learn skills.

6	5	4	3	2	1	Does Not Apply
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Availability/courtesy of Red Cross staff to answer questions.

6	5	4	3	2	1	Does Not Apply
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Convenience of the times offered in the course schedule.

6	5	4	3	2	1	Does Not Apply
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Convenience of the course locations.

6	5	4	3	2	1	Does Not Apply
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Overall satisfaction with this Red Cross course.

6	5	4	3	2	1	Does Not Apply
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Ease of course registration.

6	5	4	3	2	1	Does Not Apply
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14. Thinking about the skills you learned today, please select the number that best represents how closely each of the following statements describes how you feel.

<b>6</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>Don't Know</b>
Strongly Agree	Agree	Tend to Agree	Tend to Disagree	Disagree	Strongly Disagree	

I feel confident that I know how to identify an emergency situation.

6	5	4	3	2	1	Don't Know
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I feel prepared to respond to an emergency.

6	5	4	3	2	1	Don't Know
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Should an emergency arise, I am willing to provide emergency care using the skills I learned today.

6	5	4	3	2	1	Don't Know
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I am comfortable responding to an emergency.

6	5	4	3	2	1	Don't Know
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I would recommend this Red Cross course to a friend.

6	5	4	3	2	1	Don't Know
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15. **ABOUT YOURSELF**

*The Red Cross wants to know more about you and your specific needs to better tailor our programs and services to our communities. Please provide us with the following information:*

You are:

- Male
- Female

16. How did you first learn about this Red Cross presentation?

- A Red Cross campaign for disaster/emergency preparedness, such as “Be Red Cross Ready”
- Red Cross ad on TV/radio
- Printed material
- Browsing the Red Cross web site
- From the Federal Government
- From a Red Cross worker
- From a friend/family member
- At work
- At school
- From a social service organization
- Other, please specify: \_\_\_\_\_

17. Which of the following do you consider yourself to be (SELECT ONLY ONE):

- Hispanic or Latino (of any race)
- White (Not Hispanic or Latino)
- Black or African American (Not Hispanic or Latino)
- Asian (Not Hispanic or Latino)
- Native Hawaiian or other Pacific Islander (Not Hispanic or Latino)
- American Indian or Alaska Native (Not Hispanic or Latino)
- Two or more races (Not Hispanic or Latino)
- Other, please specify: \_\_\_\_\_

18. Age Group:

- 12 or younger
- 13 to 18
- 19 to 25
- 26 to 40
- 41 to 55
- 56 or older

19. Your home Zip Code: \_\_\_\_\_

20. For local chapter questions from your survey invitation: