# 2023 Statewide Medical and Health Exercise

# **Participant Feedback Form**

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

**How To Use This Document:***This document is provided to exercise participants to aid emergency managers in evaluating the exercise. Part I, General Participant Information, includes general information about the participant. Part II, Exercise Design Feedback, allows the participant to rate different aspects of the exercise. Part III, Capabilities Feedback, allows the participant to rate a particular strength or weakness based on the tested capabilities of the exercise. Part IV, Participant Feedback, allows the participant to give broad opinions of the exercise based on the three questions provided.*

**Part I: General Participant Information**

**Name: ­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Agency/Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Position/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Years of Experience: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Your location during the exercise: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

| **Role:** | Player | Facilitator | Observer | Evaluator | Other |
| --- | --- | --- | --- | --- | --- |

**Part II: Exercise Design Feedback**

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** | **Blank** | **Neutral** | **Blank** | **Strongly Agree** |
| --- | --- | --- | --- | --- | --- |
| [Pre-exercise briefings were informative and provided the necessary information for my role in the exercise] | 1 | 2 | 3 | 4 | 5 |
| [The exercise scenario was plausible and realistic] | 1 | 2 | 3 | 4 | 5 |
| [Exercise participants included the right people in terms of level and mix of disciplines] | 1 | 2 | 3 | 4 | 5 |

| **Assessment Factor** | **Strongly Disagree** | **Blank** | **Neutral** | **Blank** | **Strongly Agree** |
| --- | --- | --- | --- | --- | --- |
| [Participants were actively involved in the exercise] | 1 | 2 | 3 | 4 | 5 |
| [Exercise participation was appropriate for someone in my field with my level of experience/training] | 1 | 2 | 3 | 4 | 5 |
| [The exercise increased my understanding about and familiarity with the capabilities and resources of other participating organizations] | 1 | 2 | 3 | 4 | 5 |
| [The exercise provided the opportunity to address significant decisions in support of critical mission areas] | 1 | 2 | 3 | 4 | 5 |
| [After this exercise, I am better prepared to deal with the capabilities and hazards addressed] | 1 | 2 | 3 | 4 | 5 |
| [I would participate in future exercises of this type] | 1 | 2 | 3 | 4 | 5 |

**Part III: Capabilities Feedback**

1. I observed the following strengths during this exercise (please select the corresponding capability and circle the applicable element related to the strength):

| **Strengths** | **Capabilities** | **Element** |
| --- | --- | --- |
| 0 | [list capabilities for this exercise] | Planning OrganizationEquipmentTrainingExercise |
| 0 | [list capabilities for this exercise] | PlanningOrganizationEquipmentTrainingExercise |
| 0 | [list capabilities for this exercise] | PlanningOrganizationEquipmentTrainingExercise |

2. I observed the following areas for improvement during this exercise (please select the corresponding capability and circle the applicable element related to the area for improvement):

| **Strengths** | **Capabilities** | **Element** |
| --- | --- | --- |
| 0 | [list capabilities for this exercise] | Planning OrganizationEquipmentTrainingExercise |
| 0 | [list capabilities for this exercise] | PlanningOrganizationEquipmentTrainingExercise |
| 0 | [list capabilities for this exercise] | PlanningOrganizationEquipmentTrainingExercise |

3. What specific training opportunities helped you (or could have helped you) prepare for this exercise? Please provide specific course names if applicable.

| **Training** | **Completed Prior to Exercise? (Y/N)** |
| --- | --- |
| 0 | 0 |
| 0 | 0 |
| 0 | 0 |
| 0 | 0 |
| 0 | 0 |

4. Which exercise materials were most useful? Please identify any additional materials or resources that would be useful.

5. Please provide any recommendations on how this exercise or future exercises could be improved or enhanced.

**Part IV: Participant Feedback**

Because your feedback is vital to the design of future exercises, it will be reviewed meticulously. Please take a moment to provide appropriate comments/observations, addressing the following questions:

* What two things did you like about this exercise?
* What two things do you think need to be changed for future exercises?
* Please provide any other comments/observations as appropriate.

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