

eLEARNING COURSE PARTICIPANT INFORMATION SHEET

Name (Family name, First name, Middle Initial):

Age: Sex: Civil Status:

Designation:

Health Office/Facility:

City/Municipality/Province/Region:

Cellphone number:

Email address:

Completed Training on Basic DOTS previously: Yes _____ No _____ If yes, state year: _____

Completed Training on Revised NTP MOP (5th ed.) previously: Yes _____ No _____
If yes, state year: _____

Please answer the following questions as concisely as possible:

1. What is your role in relation to NTP implementation?

2. How long have you been involved in NTP implementation? (Check one.)

< 12 months _____

1 - 3 years _____

4 - 5 years _____

6 - 7 years _____

8 - 10 years _____

> 10 years _____

3. Do you have access to a desktop or laptop PC in the office?

Yes _____ No _____

If no, which or whose do you use when you need to use one?

4. How would you describe the internet connectivity in your office?

Fast _____ Good enough _____ Slow _____ None _____

5. Outside the office, where or how do you usually access the internet?

At home _____

At internet café as paying customer _____

Others (specify) _____

6. How would you describe the internet connectivity in #5?

Fast _____ Good enough _____ Slow _____ None _____

7. How would you describe yourself as a user of IT/internet?

Using it regularly with ease _____

Need some help _____

Need a lot of help _____

8. How often do you check, compose, reply to, and send email with or without attachments?

Never _____ About once a month _____ About once a week _____
Almost daily _____ Several times a day _____

9. How often do you check, post comments, upload files in Facebook?

Never _____ About once a month _____ About once a week _____
Almost daily _____ Several times a day _____

10. Have you ever answered online forms, questionnaires or surveys (such as for booking flights, online registrations)?

Never _____ Sometimes _____ Frequently _____

11. Do you use Microsoft WORD?

WORD: Yes, regularly _____ Sometimes _____ No _____
Excel: Yes, regularly _____ Sometimes _____ No _____

12. Do you use Microsoft Excel?

WORD: Yes, regularly _____ Sometimes _____ No _____
Excel: Yes, regularly _____ Sometimes _____ No _____

12. Have you experienced taking distance education or eLearning course/s in the past?

Yes _____ No _____

If yes, please share some details about your experience: _____

13. Do you prefer to study on your own, or with others in a classroom setting?

_____ Prefer self-study
_____ Prefer group study/classroom type of learning

14. Are you able to manage your time well?

_____ I conscientiously abide by schedules and deadlines.
_____ I usually am able to meet deadlines but usually work on them
when the deadline is already approaching.
_____ I try to follow set schedules and deadlines but fail often.

15. Do you think a training course on the Revised NTP MOP is relevant to your work or career path?

Yes, because _____

No, because _____

Thank you for your cooperation. These information will be kept confidential.
