

SLEEP FROM A TO ZZZ

9/14/20

Holiday Inn Independence

Cleveland, Ohio

27 Respondents

On a scale of 1 to 5, with 5 being strongly agree and 1 being strongly disagree, how would you rate the following:

Workshop Objectives:	Average Score:
a. Participants will be able to state sleep needs by age.	4.6
b. Participants will be able to describe the negative effects of chronic, insufficient and disordered sleep.	4.7
c. Participants will be able to describe common barriers to healthy sleep and describe how to apply strategies to overcome the barriers.	4.5
d. Participants will be able to describe how to support healthy sleep hygiene among clients.	4.5
e. Participants will be able to describe community-level interventions to protect healthy sleep.	4.6
f. Participants will be able to describe how to provide cognitive-behavioral therapy for insomnia.	4.6
2. Overall this workshop was a positive experience	4.7
3. Teaching methods were effective:	4.8
4. Visual aids, handouts and oral presentations clarified content:	4.8
5. How useful was the content of the CE program for your practice or other professional development?	4.6
6. How much did you learn as a result of this CE program?	4.6
The Presenter:	
7. Knew the subject matter:	4.7
8. Taught the subject competently:	4.7
9. Elaborated upon the stated objectives:	4.7
10. Presented content in an organized manner:	4.7
11. Maintained my interest:	4.6
12. Answered questions effectively:	4.7
13. Was responsive to questions, comments and opinions:	4.7
The Presentation:	
a. Was relevant to my practice:	22 – yes; 2 – no
b. Was appropriate to my education, experience, or licensure level	25 – yes; 0 - no
c. Was based on current up-to-date information:	25 – yes; 0 - no
d. Made use of technology – projector, power point software, etc:	26 – yes; 0 - no
e. Made use of appropriate handouts:	26 – yes; 0 - no
f. Made use of evidenced based materials or research:	25 – yes; 0 - no
Venue, Setting, etc.	
15. Facility was adequate for my needs:	4.5
16. Facility was comfortable and accessible:	4.4
17. Food and beverages were adequate:	4.5

SLEEP FROM A TO ZZZ

9/15/20

Creekside Event Center

Columbus, Ohio

30 Respondents

On a scale of 1 to 5, with 5 being strongly agree and 1 being strongly disagree, how would you rate the following:

Workshop Objectives:	Average Score:
a. Participants will be able to state sleep needs by age.	4.8
b. Participants will be able to describe the negative effects of chronic, insufficient and disordered sleep.	4.8
c. Participants will be able to describe common barriers to healthy sleep and describe how to apply strategies to overcome the barriers.	4.9
d. Participants will be able to describe how to support healthy sleep hygiene among clients.	4.9
e. Participants will be able to describe community-level interventions to protect healthy sleep.	4.8
f. Participants will be able to describe how to provide cognitive-behavioral therapy for insomnia.	4.8
2. Overall this workshop was a positive experience	4.7
3. Teaching methods were effective:	4.8
4. Visual aids, handouts and oral presentations clarified content:	4.9
5. How useful was the content of the CE program for your practice or other professional development?	4.7
6. How much did you learn as a result of this CE program?	4.7
The Presenter:	
7. Knew the subject matter:	4.9
8. Taught the subject competently:	4.9
9. Elaborated upon the stated objectives:	4.9
10. Presented content in an organized manner:	4.9
11. Maintained my interest:	4.9
12. Answered questions effectively:	4.9
13. Was responsive to questions, comments and opinions:	4.9
The Presentation:	
a. Was relevant to my practice:	28 – yes; 2 – no
b. Was appropriate to my education, experience, or licensure level	29 – yes; 1 - no
c. Was based on current up-to-date information:	29 – yes; 1 - no
d. Made use of technology – projector, power point software, etc:	30 – yes; 0 - no
e. Made use of appropriate handouts:	30 – yes; 0 - no
f. Made use of evidenced based materials or research:	30 – yes; 0 - no
Venue, Setting, etc.	
15. Facility was adequate for my needs:	4.8
16. Facility was comfortable and accessible:	4.7
17. Food and beverages were adequate:	4.6

SLEEP FROM A TO ZZZ

9/16/20

Quality Hotel Blue Ash

Cincinnati, Ohio

26 Respondents

On a scale of 1 to 5, with 5 being strongly agree and 1 being strongly disagree, how would you rate the following:

Workshop Objectives:	Average Score:
a. Participants will be able to state sleep needs by age.	4.8
b. Participants will be able to describe the negative effects of chronic, insufficient and disordered sleep.	4.8
c. Participants will be able to describe common barriers to healthy sleep and describe how to apply strategies to overcome the barriers.	4.9
d. Participants will be able to describe how to support healthy sleep hygiene among clients.	4.9
e. Participants will be able to describe community-level interventions to protect healthy sleep.	4.8
f. Participants will be able to describe how to provide cognitive-behavioral therapy for insomnia.	4.8
2. Overall this workshop was a positive experience	4.8
3. Teaching methods were effective:	4.8
4. Visual aids, handouts and oral presentations clarified content:	4.8
5. How useful was the content of the CE program for your practice or other professional development?	4.6
6. How much did you learn as a result of this CE program?	4.7
The Presenter:	
7. Knew the subject matter:	4.9
8. Taught the subject competently:	4.9
9. Elaborated upon the stated objectives:	4.9
10. Presented content in an organized manner:	4.9
11. Maintained my interest:	4.9
12. Answered questions effectively:	4.9
13. Was responsive to questions, comments and opinions:	4.9
The Presentation:	
a. Was relevant to my practice:	25 – yes; 1 – no
b. Was appropriate to my education, experience, or licensure level	24 – yes; 2 - no
c. Was based on current up-to-date information:	25 – yes; 0 - no
d. Made use of technology – projector, power point software, etc:	26 – yes; 0 - no
e. Made use of appropriate handouts:	25 – yes; 1 - no
f. Made use of evidenced based materials or research:	26 – yes; 0 - no
Venue, Setting, etc.	
15. Facility was adequate for my needs:	4.7
16. Facility was comfortable and accessible:	4.7
17. Food and beverages were adequate:	4.6