

FY2019 Statistical Training (Course title)

<Questionnaire>

Number:

Name:

1. Organization

Which of the following is the type of organization to which you belong?

- (1) Government ministry or agency
- (2) Independent administrative agency
- (3) Prefecture
- (4) Municipality
- (5) Government-affiliated organization

2. Type of work

Is your current work related to statistics or not?

- (1) Related to statistics
- (2) Related to policy/planning/drafting
- (3) Related to education
- (4) Other (Please specify.)

3. Working years at current position

How long have you been in your current position?

- (1) Just appointed (less than 3 months)
- (2) At least 3 months but less than 1 year
- (3) At least 1 year but less than 3 years
- (4) 3 years or more

4. Satisfaction with training

- (1) Very satisfied
- (2) Mostly satisfied
- (3) Average
- (4) Slightly dissatisfied
- (5) Dissatisfied (Reason for dissatisfaction)

5. Evaluation of individual training

Course Name:

(Lecturer Name:)

[Training content]

- (1) Useful for my work
- (2) Increased my interest in statistics

- (3) Not useful for my work
- (4) The content was too difficult.
- (5) I already knew the content.
- (6) Other (Please indicate your impressions of the subject and points to be improved.)

[Understanding]

- (1) Understood well
- (2) Mostly understood
- (3) Average
- (4) Difficult to understand
- (5) Did not understand at all

[Duration]

- (1) Too short
- (2) Adequate
- (3) Too long

[Materials]

- (1) Good
- (2) Fair
- (3) Difficult to use

6. New subjects

Are there any subjects that you would like to be included in this course?

- (1) Yes (Please specify.)
- (2) No

7. Courses you wish to attend

Would you like to attend any of the following courses in the future? (Multiple answers allowed)

For beginners

Practical Statistical Business Affairs for Beginners

Practical Statistical Use for Beginners

8. Please note anything that struck you about the response of our secretariat.

9. Please note anything that struck you about the training environment.

10. Other opinions/impressions, if any

[Accommodation]

11. If you stayed in a dormitory, please indicate any opinions or impressions of the dormitory.