****

**To ensure we understand your needs and can provide the best possible support, please complete the following questionnaire, and return it to us via email before the start of the first class.**

**Thank you for your cooperation.**

**Exam History**

1. **Have you taken the ARDMS board exam before?**
	* Yes
	* No
2. **If yes, how many times have you taken the ARDMS board exam?**
	* Once
	* Twice
	* Three times
	* More than three times
3. **When was the last time you took the ARDMS board exam?**
	* Less than 6 months ago
	* 6-12 months ago
	* 1-2 years ago
	* More than 2 years ago
4. **How close were you to passing the ARDMS board exam on your last attempt?**
	* Very close (within 5% of passing score)
	* Close (within 10% of passing score)
	* Somewhat close (within 15% of passing score)
	* Not close (more than 15% below passing score)

**Exam Challenges**

1. **Which section(s) of the exam did you find most challenging?**
	* Anatomy and Physiology
	* Pathology
	* Physics and Instrumentation
	* Exam Techniques and Test-Taking Strategies
	* Practical Skills
	* Other (please specify)
2. **What is the most challenging part of the exam for you?**
	* Understanding the questions
	* Managing time during the test
	* Applying theoretical knowledge
	* Remaining calm under pressure
	* Other (please specify)
3. **What do you think contributed most to your previous exam performance?**
	* Lack of study time
	* Difficulty understanding material
	* Test anxiety
	* Ineffective study methods
	* Insufficient practical experience
	* Other (please specify)
4. **What changes have you made to your study approach since your last exam attempt?**
	* Increased study hours
	* Used different study materials
	* Joined a study group
	* Took practice exams regularly
	* Sought help from tutors/instructors
	* Other (please specify)
5. **What additional resources or support do you think would help you pass the ARDMS board exam on your next attempt?**
	* More comprehensive study guides
	* Detailed review of difficult topics
	* Personalized tutoring sessions
	* Stress management techniques
	* Regular progress assessments
	* Other (please specify)
6. **How do you currently prepare for the ARDMS board exam?**
	* Self-study with books and online resources
	* Attending review courses
	* Using practice exams and quizzes
	* Participating in study groups
	* Other (please specify)
7. **How often do you take practice exams to assess your readiness for the ARDMS board exam?**
	* Weekly
	* Bi-weekly
	* Monthly
	* Rarely
	* Never
8. **How helpful do you find practice exams in your preparation?**
	* Extremely helpful
	* Very helpful
	* Moderately helpful
	* Slightly helpful
	* Not helpful

**Confidence and Preparation Needs**

1. **How confident do you feel about your current knowledge and skills in ultrasound/sonography?**
	* Very confident
	* Confident
	* Neutral
	* Somewhat unconfident
	* Very unconfident
2. **Which specific areas do you feel you need the most help with in preparing for the ARDMS board exam?**
	* Anatomy and Physiology
	* Pathology
	* Ultrasound Image questions
	* Physics and Instrumentation
	* Exam Techniques and Test-Taking Strategies
	* Other (please specify)
3. **What are your primary concerns about taking the ARDMS board exam?**
	* Understanding the material
	* Time management during the exam
	* Test anxiety
	* Practical skills application
	* Other (please specify)
4. **What type of learning resources do you find most helpful?**
	* Textbooks and written materials
	* Video lectures
	* Interactive online modules
	* Practice exams and quizzes
	* Other (please specify)
5. **How do you prefer to learn complex topics?**
	* Through detailed lectures
	* Study groups
	* Visual aids (charts, diagrams, videos)
	* Other (please specify)
6. **How much time per week can you realistically dedicate to a review course?**
	* Less than 5 hours
	* 5-10 hours
	* 10-15 hours
	* More than 15 hours
7. **What additional support would help you feel more prepared for the ARDMS board exam?**
	* Access to tutors or mentors
	* Regular feedback on progress
	* Stress management and test-taking workshops
	* Study schedules and plans
	* Other (please specify)
8. **What do you believe is the most important aspect of a review course that will help you succeed in the ARDMS board exam?**
9. **Are there any specific topics or areas you feel are not adequately covered in your current study materials?**
10. **What motivates you the most in your preparation for the ARDMS board exam?**
	* Clear and structured learning path
	* Regular assessments and feedback
	* Encouragement and support from instructors
	* Interactive and engaging learning activities
	* Other (please specify)

**Practical Training**

1. **Which topics do you find most challenging and need more focus on in the review course?**
	* Anatomy and Physiology
	* Pathology
	* Instrumentation
	* Physics
	* Ultrasound Image Questions
	* Other (please specify)
2. **What type of instructional method do you prefer?**
	* Live lectures
	* Recorded video lectures
	* Interactive webinars
	* Self-paced learning
	* Other (please specify)
3. **What type of additional support would be most beneficial for you?**
	* One-on-one tutoring
	* Peer study groups
	* Online forums or discussion boards
	* Regular Q&A sessions
	* Other (please specify)
4. **Would you be interested in one-on-one tutoring or personalized study plans?**
	* Yes
	* Maybe
	* No
5. **How can we tailor our review course to better meet your individual needs and help you succeed?**
	* More personalized feedback
	* Flexible study schedules
	* Additional practice questions
	* Interactive learning sessions
	* Other (please specify)

**Educational and Professional Background**

1. **What is your highest level of education?**
	* High School Diploma
	* Associate’s Degree
	* Bachelor’s Degree
	* Master’s Degree
	* Doctorate
	* Other (please specify)
2. **Have you completed a formal education program in diagnostic medical sonography or a related field?**
	* Yes
	* No
3. **How many years of experience do you have in the field of diagnostic medical sonography?**
	* Less than 1 year
	* 1-2 years
	* 3-5 years
	* More than 5 years
4. **What types of clinical settings have you worked in?**
	* Hospitals
	* Clinics
	* Private practices
	* Research institutions
	* Other (please specify)
5. **What specialties do you have experience in?**
	* Abdominal Sonography
	* Obstetrics/Gynecology Sonography
	* Vascular Technology
	* Cardiac Sonography
	* Musculoskeletal Sonography
	* Other (please specify)

**Learning Preferences and Styles**

1. **What is your preferred learning style?**
	* Visual (e.g., diagrams, videos)
	* Auditory (e.g., lectures, discussions)
	* Reading/Writing (e.g., textbooks, notes)
	* Kinesthetic (e.g., hands-on practice)
	* Combination (please specify)
2. **How do you best retain information?**
	* Repetition and practice
	* Mnemonic devices
	* Study groups and discussions
	* Practical application
	* Other (please specify)

**Goals and Expectations**

1. **What are your primary goals for taking this review course?**
	* Passing the ARDMS board exam
	* Gaining a deeper understanding of sonography principles
	* Improving practical skills
	* Reducing test anxiety
	* Other (please specify)
2. **How many hours per week can you dedicate to studying and participating in the review course?**
	* Less than 5 hours
	* 5-10 hours
	* 10-15 hours
	* More than 15 hours
3. **What motivates you the most to succeed in the ARDMS board exam?**
	* Career advancement
	* Personal achievement
	* Financial incentives
	* Professional recognition
	* Other (please specify)

**Personal and Environmental Factors**

1. **Do you have a support system (family, friends, colleagues) to help you during your study period?**
	* Yes
	* No
2. **Do you have any specific learning challenges or disabilities that we should be aware of to better support you?**
	* Yes (please specify)
	* No
3. **Do you experience any difficulties with time management or staying organized while studying?**
	* Yes
	* Sometimes
	* No
4. **Do you have a quiet and conducive environment for studying?**
	* Yes
	* Sometimes
	* No
5. **Do you have reliable access to the internet and a computer for online learning?**
	* Yes
	* Sometimes
	* No

**Feedback and Support**

1. **How frequently would you like to receive feedback on your progress?**
	* After each study session
	* Weekly
	* Bi-weekly
	* Monthly
2. **Would you be interested in setting up a personalized study plan with milestones and goals?**
	* Yes
	* Maybe
	* No
3. **How often would you like to have one-on-one check-ins with an instructor?**
	* Weekly
	* Bi-weekly
	* Monthly
	* As needed
4. **Do you have any specific expectations or requests for the review course content or structure?**
	* [Open-ended response]

**Career Motivation and Preferences**

1. **How do you prefer to receive updates and important information about the course?**
	* Email
	* Text message
	* Phone call
	* Course portal notifications
	* Other (please specify)
2. **What is the best time for us to contact you for updates or check-ins?**
	* Morning
	* Afternoon
	* Evening
	* Weekends
3. **Do you have any specific test-taking strategies that you find effective?**
	* [Open-ended response]