

Training 1 – Post training evaluation questionnaire

Provider ID _____

prov.id

How would you rate your experience on this course today?

	Very positive	Positive	Neither positive nor negative	Negative	Very negative	
1. Overall experience with the course	5	4	3	2	1	<i>rate1</i>
2. Information received before the course	5	4	3	2	1	<i>rate2</i>
3. Location	5	4	3	2	1	<i>rate3</i>
4. Venue	5	4	3	2	1	<i>rate4</i>
5. Time	5	4	3	2	1	<i>rate5</i>
6. Trainer	5	4	3	2	1	<i>rate6</i>
7. My participation	5	4	3	2	1	<i>rate7</i>
8. Other participants	5	4	3	2	1	<i>rate8</i>

Do you have any comments/suggestions?

comment1

How useful were the following parts of the training for your everyday practice?

	Very useful	Useful	Neutral	Not Useful	Not useful at all
1. The overall training	5	4	3	2	1
2. Information on impact of alcohol and costs of alcohol use	5	4	3	2	1
3. Discussion on attitudes to alcohol	5	4	3	2	1
4. Phrases to start the discussion with the patient	5	4	3	2	1
5. Presentation of screening criteria for SCALA	5	4	3	2	1
6. Role play to practice screening	5	4	3	2	1
7. Presentation of steps of brief intervention	5	4	3	2	1
8. Role play to practice delivering brief intervention	5	4	3	2	1

useful1

useful2

useful3

useful4

useful5

useful6

useful7

useful8

Do you have any comments/suggestions?

comment2

What should be improved in the next training?

improve

What should be added in the next training?

comment3
