

Booster session 1 – Post session evaluation questionnaire

Provider ID _____

prov.id

How would you rate your experience on this course today?

	<i>Very positive</i>	<i>Positive</i>	<i>Neither positive nor negative</i>	<i>Negative</i>	<i>Very negative</i>
How would you rate your overall experience on this course today?	5	4	3	2	1

overall

Do you have any other 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 session	5	4	3	2	1
2. Exchange of experience with other providers	5	4	3	2	1
3. Identifying practical solutions	5	4	3	2	1

useful1

useful2

useful3

Do you have any other comments?

comment2