

## COURSE EVALUATION

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Please fill out the following course evaluation to help us improve upon the course in the future. Thank you for your feedback.

1. What is your gender?
  - a. Female
  - b. Male
  - c. Other/prefer not to respond
  
2. How old are you?
  - a. <30
  - b. 30-39
  - c. 40-49
  - d. >50
  
3. What is your job title?
  - a. Physician
  - b. Nurse
  - c. Midwife
  - d. Health Officer
  - e. Other
  
4. Have you ever cared for a survivor of sexual violence?
  - a. Yes
  - b. No
  
5. How many survivors of sexual violence have you cared for in the past month?
  - a. 0
  - b. 1
  - c. 2
  - d. 3 or more
  
6. Have you ever received a training in providing clinical care for sexual violence survivors?
  - a. Yes
  - b. No

7. Please fill out the table below regarding your impressions of the course.

4 = strongly agree 3 = agree 2 = disagree 1 = strongly disagree

Questions	Rating	Comments
1. The course fulfilled its goal and objectives (see above)		
2. The course content was useful and relevant to my needs		
3. The course content was organized with appropriate allocation of time		
4. The topic was appropriate to my level of knowledge		
5. Overall impression of the course	N/A	

8. Please list 3 things that you liked about the course.

9. Please list 3 things that need to be improved in the course.

10. Now that I have completed this course, I feel:

- a. Confident to provide clinical care to survivors of sexual violence
- b. That I would not feel comfortable to provide clinical care to survivors of sexual violence
- c. Prepared to promote, but not provide, clinical care to survivors of sexual violence at my health facility
- d. Other (please describe)

*Thank you!*