

Training Feedback

1. How relevant did you find the training content to your day-to-day work as a healthcare provider? *Please rate from 1 (Not relevant) to 7 (Extremely relevant).*

1 2 3 4 5 6 7

2. After attending this training session, do you feel more confident in your ability to provide family planning counselling to patients? *Please rate from 1 (No increase in confidence) to 7 (Significantly more confident).*

1 2 3 4 5 6 7

3. How would you rate the overall quality of the family planning counselling training session? *1 is the lowest and 7 is the highest.*

1 2 3 4 5 6 7

4. How would you rate the effectiveness of the training facilitator(s) in terms of their knowledge, communication, and ability to engage participants? *Please rate from 1 (Ineffective) to 7 (Highly effective).*

1 2 3 4 5 6 7

5. Did you feel that the training materials (handouts, slides, etc.) were easy to understand?

1 2 3 4 5 6 7

6. Was there enough time for questions, discussions, and practical exercises during the training session?

- i. Not enough time
- ii. Not quite enough time
- iii. Good amount of time
- iv. A bit too much time
- v. Too much time

7. What was the most valuable aspect of the family planning counselling training for you?

8. Are there any topics or areas that you would have liked to see covered more in-depth or added to the birth spacing training session?

9. Are there any topics or areas that you think should have been explained more clearly?

10. Are there any other comments you would like to make on the training?
