

EVALUATION OF DISABILITY-INCLUSIVE MAMI TRAINING

Location | Date

Dear Participant,

Thank you for participating in the Disability-Inclusive Nutrition and Feeding training. The purpose of this short questionnaire is to understand whether the training has met your expectations and to help us improve future training. Your answers will remain **anonymous and confidential**.

For questions Q1 – Q5, kindly answer using a scale from 1 to 5.

1. Overall, how satisfied were you with the training?

1. Very dissatisfied	2. Somewhat dissatisfied	3. Neutral	4. Satisfied	5. Very satisfied

2. Were the objectives of the training clearly defined?

1. Not at all defined	2. Somewhat defined	3. Adequately defined	4. Well defined	5. Very well defined

3. Was the content presented organized and easy to follow?

1. Not at all organized and easy to follow	2. Somewhat organized and easy to follow	3. Adequately organized and easy to follow	4. Well organized and easy to follow	5. Very organized and easy to follow

4. Was the time allotted for the training sufficient?

1. Not nearly enough time	2. Could have used more time	3. Adequate	4. Mostly sufficient	5. There was sufficient time

5. Was their sufficient time for participants to ask questions?

1. Not nearly enough time	2. Could have used more time	3. Adequate	4. Mostly sufficient	5. There was sufficient time

6. What did you like most about the training?

7. What aspects of the training could be improved?

8. How will you apply the information presented to your work?

9. Do you have any other comments?

Thank you very much for completing the questionnaire.