

## EVALUATION OF THE TRAINING COURSE

### (TRAINERS' SHEET)

Date: .....

Where:.....

When:.....

Who (trainer): .....

Number of participants

- drug users .....
- professionals .....
- volunteers .....
- total .....

If the group is mixed, have you noticed any friction between participants?

.....

Q1. I was satisfied by this training.

Agree     Not agree

Q2 I felt well supported when preparing the training.

Agree     Not agree

Q3. I think that this training needs further follow-up

Agree     Not agree

Q4. If agree, what kind of follow-up do you feel is necessary?

.....

Q5. I felt that the different backgrounds of the participants caused excessive friction

Agree     Not agree

Q6. The level of the participants connected well with the content of the training.

Agree     Not agree

Q7. The methods of delivery were well-designed for the type of participants

Agree     Not agree



Q8. The presence of observers hindered the ability of participants to express themselves frankly.

Agree     Not agree

Q9. The training dealt with the following issues:

.....

Q10. What were the objectives of the training?

.....

Q11. Which of the objectives did you feel were not achieved and why not?

.....

Q12. Give a brief description of the methods of delivery used:

.....

Q13. Which of the messages did you consider were received best by the participants? Why?

.....

Q14. Which of the messages did you feel were least well received by the participants? Why?

.....

Q15. Which of the methods of delivery did you feel was received best by the participants?

Why?.....

.....

Q16. Which of the methods of delivery did you feel was least well received by the participants? Why?.....

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Q17. If you have any remarks, please state them below.

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**Thank you very much for your co-operation.**



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