

For internal use only

Unique Identifier Code:
(identical for pre and post questionnaires)

Note for organizers of the training: Please remember that ethics committee approval may be required for data collection, depending on the context and the country.

Evaluation of QualityRights training: POST-training questionnaire

In order to evaluate the effectiveness and quality of this training, we need your help! Please fill out this post-training questionnaire. This will provide us with important information about how to improve the learning experience.

Your completed questionnaire will be kept confidential.



QualityRights

Optional personal information: If you feel comfortable, please provide your name.

First Name

Last/Family Name

Details

Your email address:

Your date of birth:

Your country of residence:

Your State/Territory/Province of residence:

Profile

To which gender do you most identify?

Please choose **only one** of the following:

- ☐ Woman
- ☐ Man
- ☐ Other gender not listed (please specify _____)
- ☐ Prefer not to answer

Affiliation

Please choose **only one** of the following:

- ☐ Organizations of Persons with Disabilities
- ☐ Non-Governmental Organizations
- ☐ Ministry of health
- ☐ Other Government Ministry/Department/Commission
- ☐ Professional organizations/associations
- ☐ Mental health service
- ☐ General health service
- ☐ Academia (excluding students)
- ☐ University/college student
- ☐ Secondary school student
- ☐ World Health Organization

- ☐ UN organizations and agencies
- ☐ Multilateral organization or development agency
- ☐ Donor/Funder
- ☐ Other

Background/Experience

Please choose **only one** of the following:

- ☐ Person with a mental health condition/psychosocial disability
- ☐ Person with other disabilities
- ☐ Family member or care partner
- ☐ Mental health or related practitioner
- ☐ Health practitioner
- ☐ Lawyer
- ☐ Human rights advocate
- ☐ Policy Maker/Analyst
- ☐ Academia
- ☐ Administration/Management
- ☐ Other

Role

If you answered "Mental health or related practitioner" or "Health Practitioner" in the previous question, please specify your role:

Please choose **only one** of the following:

- ☐ Psychiatrist
- ☐ Medical Doctor (non-Psychiatrist)
- ☐ Psychologist
- ☐ Nurse
- ☐ Midwife
- ☐ Peer supporter
- ☐ Assisting Personnel (e.g. Healthcare assistant)
- ☐ Occupational therapist or other rehabilitation professional
- ☐ Social worker
- ☐ Other community health workers
- ☐ Other (please specify_____)

Please indicate your level of agreement with the following statements.

Please choose the appropriate response for each item:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a. Nothing can be improved within mental health services without additional resources.					
b. The service environment has little to do with people's mental health and well-being.					
c. People with dementia should always live in group homes where staff can take care of them.					
d. People with psychosocial disabilities/mental health conditions should not be hired in work requiring direct contact with the public.					
e. Taking medication is the most important factor to help people with mental health conditions get better.					
f. You can only inspire hope once a person is no longer experiencing symptoms.					

Please indicate your level of agreement with the following statements.

Please choose the appropriate response for each item:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
g. People using mental health services should be empowered to make their own decisions about their treatment.					
h. Following advice of other people who have experienced mental health issues is too risky					
i. The opinions of health practitioners about care and treatment should carry more weight than those of a person with an intellectual disability.					
j. It is acceptable to pressure people using mental health services to take treatment that they don't want.					
k. Persons with mental health conditions should not be given important responsibilities.					

Please indicate your level of agreement with the following statements.

Please choose the appropriate response for each item:

	Strongly disagree	Disagree	Neutral	Agree	Strongly Agree
l. When people experience a crisis, health practitioners or families should make decisions based on their ideas about what is best for them.					
m. People with intellectual disabilities have the right to make their own decisions, even if I don't agree with them.					
n. Controlling people using mental health services is necessary to maintain order.					
o. The use of seclusion and restraint is needed if people using mental health services become threatening.					
p. People at risk of harming themselves or others should be isolated in a locked room.					
q. Involuntary admission does more harm than good.					

Your feedback

Overall, this training met my learning needs.

Please choose **only one** of the following:

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Neutral
- ☐ Agree
- ☐ Strongly agree

For my skill level and knowledge, the content level was:

Please choose **only one** of the following:

- ☐ Too basic
- ☐ Basic
- ☐ Just right
- ☐ Advanced
- ☐ Too advanced

Please indicate your level of agreement with the following statements.

Select only **one option** for each statement.

Statement		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
The people delivering this training:						
a.	Clearly communicated the content					
b.	Engaged the participants					
c.	Responded to questions in a helpful way					
d.	Created a participatory environment					
e.	Respected the participants' points of view					

Please indicate your level of agreement with the following statements.

Select only **one option** for each statement.

	Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a.	The content presented was relevant.					
b.	The flow of the content and activities worked well.					
c.	The content was clearly communicated.					
d.	The training engaged participants.					
e.	The case scenarios were helpful.					
f.	The discussions during the training were useful.					
g.	The amount of information was sufficient.					
h.	The training met my expectations.					
i.	The training experience will be useful in my work/life.					
j.	This course changed my attitude towards people with psychosocial, intellectual and cognitive disabilities.					
k.	This course will alter my practice /aspects of my life.					

If your attitude towards people with psychosocial, intellectual and cognitive disabilities has changed, please describe in what ways. If your attitude has not changed, please describe why not.

Please write your answer here:

If you believe your practices will change as a result of this training, please describe in what ways. If you believe your practices will not change, please describe why not.

Please write your answer here:

Thinking back on this training, which activities or parts of the training had the biggest impact on you? What did you like best about this training? What didn't you like?

Please write your answer here:

Please use the space below to provide any additional comments or feedback.

Please write your answer here:

I would recommend this course to others.

Please choose **only one** of the following:

☐ Yes

☐ No

I give permission to be contacted in the future as part of evaluating the mid- and long-term impact of this training.

Please choose **only one** of the following:

☐ Yes

☐ No

Thank you and we hope you enjoyed the training!