

Evaluation of QualityRights training on mental health, human rights and recovery: POST-training questionnaire

Help us evaluate and improve the effectiveness and quality of this training by completing this post training questionnaire.

Please note that this completed questionnaire will remain anonymous and will be kept confidential.



1. Optional personal identification

If you feel comfortable, please provide your name.

- First Name: _____
- Last/Family Name: _____

Age: _____

Which gender do you most identify with?

- ☐ Female
- ☐ Male
- ☐ Prefer not to answer
- ☐ Not listened

2. Affiliation *Select one of the following options.*

- ☐ Disabled People's Organizations
- ☐ Non-Governmental Organizations
- ☐ Ministry of Health
- ☐ Other Government Ministry/Department/Commission
- ☐ Professional organizations/associations
- ☐ Service Provider (mental health or related areas)
- ☐ Service Provider (general health)
- ☐ Academia
- ☐ World Health Organization

- ☐ UN organizations and agencies
- ☐ Multilateral organization or development agency
- ☐ Donor/Funder
- ☐ Other (please specify): _____

3. Background/Experience *Select one of the following options.*

- ☐ Person with lived experience / Person with psychosocial¹, intellectual or cognitive disability
- ☐ Person with other disabilities
- ☐ Family member or care partner
- ☐ Mental health or related practitioner
- ☐ Health practitioner
- ☐ Lawyer
- ☐ Human rights advocate
- ☐ Policymaker / Analyst
- ☐ Academia
- ☐ Administration/Management
- ☐ Other (please specify): _____

4. Overall, this training met my learning needs.

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

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

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

6. 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
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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' point of view					

7. 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.					

8. 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.

9. 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.

10. 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?

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

12. I would recommend this course to others.

- ☐ Yes
☐ No

13. I understand and agree that my anonymised data will be used for the evaluation and improvement of this training.

- ☐ Yes

☐ No

14. I understand and agree that my anonymised data may be used in external publications and presentations related to the WHO QualityRights programme and its objectives.

☐ Yes

☐ No

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

☐ Yes

☐ No

16. If you agree to being contacted in the future, please provide your preferred email address.

Please provide your email address here:

Thank you and we hope you enjoyed the training!