

*Basic Emergency Obstetric and Newborn Care in Humanitarian Settings: Select Signal Functions*

Course Evaluation

Date: Location:

*Please fill out the following course evaluation to help us improve upon the course in the future. Thank you for your feedback.*

1. What is your gender?
   1. Female
   2. Male
2. How old are you?
   1. <30
   2. 30-39
   3. 40-49
   4. >50
3. What is your job title?
   1. Doctor
   2. Nurse
   3. Midwife
   4. Health Officer
   5. Other (Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
4. Do you routinely attend women in childbirth?
   1. Yes
   2. No
5. How many deliveries have you attended in the past month?
   1. 0
   2. 1-5
   3. 6-10
   4. 11 or more
6. Have you ever received training in providing basic emergency obstetric and newborn care?
   1. Yes
   2. No

7. Please fill out the table below regarding your impressions of the course.

**4 = strongly agree 3= agree 2= disagree 1= strongly disagree**

|  |  |  |
| --- | --- | --- |
| **Questions:** | **Rating** | **Comments** |
| *1. The course fulfilled its goal and objectives (see above).* |  |  |
| *2. The course content was useful and relevant to my needs.* |  |  |
| *3. The course content was organized with appropriate allocation of time.* |  |  |
| *4. The topic was appropriate to my level of knowledge.* |  |  |
| *5. The trainers clearly presented the material in a way that was easy to understand, and allowed me to ask questions when I did not understand.* |  |  |

8. What is your overall impression of the course?

9. Please list 3 things that need to be improved in the course.

10. Now that I have completed this course, I feel:

1. Confident to provide clinical care to women experiencing obstetric emergencies
2. That I would not feel comfortable to provide clinical care to women during obstetric emergencies
3. Prepared to promote, but not provide, clinical care to women during obstetric emergencies
4. Other (please describe)

**Thank you!**