Pre-Training Questionnaire

Please take a few minutes to complete this questionnaire. Your reflections are highly valuable for you to get ready for the training, and they will help us design the training according to your expectations and knowledge. Your responses are anonymous.

Please take 10 minutes to improve the quality of the training! Thank you very much for your support!

**1. Personal Code**

Please create an **anonymous personal code** that allows us to match your responses across different stages without revealing your identity.

***Note for trainers:*** *The personal code should be based on characteristics that are not identifiable by your organization/others you share the data with, but remain constant (e.g., 3rd letter in your mother’s first name + month of birth + last digit of your postal code etc. + 1rst letter in the name of your favourite colour etc.). Adapt this example to fit local legal and cultural requirements. Ensure it does not leave several options for answers.*

**2. Demographic Information**

***Note for trainers:*** *Choose demographic questions to meet local data protection requirements and to collect only information essential for analysis. You find examples in the questionnaire that is suggested to be used directly after the training.*

**3. Expectations, prior knowledge, challenges**

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| **1. Knowledge** |
| 1.1 How would you rate your current level of knowledge on the topic of the upcoming training? |
| [ ]  very confident | [ ]  confident | [ ]  neutral | [ ]  not confident | [ ]  not confident at all |
| 1***Note for trainers:*** *A more specific alternative would be picking up the objectives separately.* *Adjust items according to the training focus, e.g., to recognise indicators of domestic violence, to communicate with victims/survivors, to conduct risk assessments.*1.2 How would you rate your current ability to … |
| ☐ very confident | ☐ confident | ☐ neutral | ☐ not confident | ☐ not confident |
| **2. Expectations** |
| 2.1 What is one specific question or challenge you hope this training will help you to address? |
|  |
| 2.2 What is another specific question or challenge you hope this training will help you to address? |
|  |
| 2.3 What are your expectations regarding the benefits of this training for your professional role? |
| [ ]  very high | [ ]  high | [ ]  neutral | [ ]  low | [ ]  very low |
|  |  |  |  |  |
|  |  |  |  |  |
| **3 Additional Feedback** |
| 3.1 What are the two biggest obstacles you currently face in your professional role when addressing this topic? |
|  |
| 3.2 What is one aspect you already know about domestic violence that you think is most important for others to understand? |
|  |
| 3.3 Any comments or suggestions for this training? |
|  |

**Thank you for your contribution!**
It was a pleasure working with you in the training.

If you have any questions, please contact: