



3. How was your previous experience with simulation training?
  - Excellent
  - Good
  - Fine
  - Bad
  - Terrible

4. What are you expecting from today's simulation training? [Anything you expect to learn? Anything you are worried about? Anything you are excited about?]

5. Please rate your level of agreement with each of the following statements:

	<b>Strongly Agree</b>	<b>Agree</b>	<b>Neutral</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
I have a good understanding of how contraceptive care is provided at my clinic (including how it occurs when I am not around)					
I have a good understanding of how the Family Planning Elevated program works within my clinic					
I know who is and is not eligible for no-cost contraception through the Family Planning Elevated program					
My clinic can easily provide all methods of reversible contraception to everyone who wants them					
I am familiar with the challenges that clients can experience when seeking contraception services					
I can help a client get any contraceptive method they want					
I would help a client get any contraceptive method they want, even if I think they should use something else					
Contraceptive services are an important part of healthcare					
Contraceptive services are an important part of my job					

Thank you for participating in the simulation today and for providing us with valuable feedback about your experiences. To match your survey with your pre-survey, please complete the 5-digit code again, so we can match your responses. To do this, please put the following letters and numbers in the five boxes below:

1. The number of sisters you have (e.g., 0)
2. The last letter of your mother’s first name (e.g., ‘Mary’ would be ‘Y’)
3. The fifth digit of your phone number (e.g., ‘801-566-3089’ would be ‘6’)
- 4/5. The month digits of the year you were born (e.g., ‘April’ would be ‘04’)

A person’s code using our examples would be **0Y604**

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1. Please rate your level of agreement with each of the following statements:

	<b>Strongly Agree</b>	<b>Agree</b>	<b>Neutral</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
I have a good understanding of how contraceptive care is provided at my clinic (including how it occurs when I am not around)					
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I am familiar with the challenges that clients can experience when seeking contraception services					
I can help a client get any contraceptive method they want					
I would help a client get any contraceptive method they want, even if I think they should use something else					
Contraceptive services are an important part of healthcare					
Contraceptive services are an important part of my job					

2. Please rate your experiences with the simulation training today:

	<b>Strongly Agree</b>	<b>Agree</b>	<b>Neutral</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
The training felt applicable to the experiences and interactions I have as part of my job					
I will be able to apply something I learned in today's simulation to my future interactions with family planning clients					
I have a better understanding of what makes "patient-centered" care after today's simulation					
I am confident that I can provide family planning clients with a more "patient-centered" experience as a result of today's training					
I would recommend this simulation experience to my colleagues if they have not yet taken it					

3. How did the simulation experience match your expectations?

- Exceeded them (better than I expected)
- Met them (about what I expected)
- Fell short of them (worse than I expected)
- Was a complete waste of time (I hated it!)
- Other (please explain) \_\_\_\_\_

4. What was your main takeaway from this simulation experience?

Thank you for your participation!