

Ultrasound 2026 Pre-Course Questionnaire Ultrasound Course

Description

Ultrasound Course Pre-Course Questionnaire

First Name

Last Name

Institution / Hospital

Country

Specialty

Current position (Resident / Specialist / Fellow / Other)

Have you previously attended an ultrasound course?

Approximately how many ultrasound examinations have you performed?

How confident are you performing ultrasound independently? (1-5 scale)

Do you have access to an ultrasound machine in your workplace?

What are your top three learning objectives for this course?

Which level best describes your current ultrasound experience?

Any specific topics or cases you would like the course to address?

Submit

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March 15, 2026

Author

mads