



ADD HOUSE NAME

Participant Survey

Activity: \_\_\_\_\_  Online  Face to face:

HOW WELL DID WE DO IT?

1. How did ~~coming participating into~~ the activity today make you feel?

Keyword selection – e.g.

- Happy
- Connected
- Safe
- Confident
- Excited
- Enthusiastic
- Welcomed
- Supported
- Other: \_\_\_\_\_

2. Would you ~~come back to do~~ participate in this activity again?

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3. Would you recommend the activity to others?

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4. Did you enjoy the activity?

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5. Did the activity meet your expectations?

					<input type="checkbox"/> N/A
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IS ANYONE BETTER OFF?

Measure: Connected me with other people in your community

6. Did the activity help you ~~with~~ connect other people in your community?

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**Measure: Raised my awareness of services and supports**

7. Did the activity help raise my awareness of services and supports

				
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**Measure: Connected me to the services and supports I need**

8. Did the activity help you connect with service providers/services ?

				
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**Measure: Increased my confidence in myself**

9. After attending this activity/event, I feel:

				
A lot worse				Great

**Measure: Increased my skills and knowledge**

10. I believe I gained new skills or knowledge

				
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**Measure: Increased my sense of safety in my community**

11. After attending the activity today I feel safer:

				
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12. ~~Do you have any suggestions about h~~ How ~~we~~ might we improve this activity/event in the future?

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13. What is the most significant thing you'll take away from this activity/event?

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