

**EVENT/ACTIVITY/GROUP/WORKSHOP
FEEDBACK FORM**

1. **Date of event:** _____

2. **Name of event:** _____

Scale: **1 = No** **2 = Somewhat** **3 = Yes**

- | | | | |
|--|---|---|---|
| 1. I enjoyed this event: | 1 | 2 | 3 |
| 2. I will be able to use what I learned in my daily life: | 1 | 2 | 3 |
| 3. This is what I expected: | 1 | 2 | 3 |
| 4. I would attend another similar or the same event again: | 1 | 2 | 3 |
| 5. I would like to see this as an ongoing activity: | 1 | 2 | 3 |
| 6. I would like to see the following scheduled as a follow up to this program: | | | |
- _____

The Presenter:

- | | | | |
|--|---|---|---|
| 1. Was clear and understandable: | 1 | 2 | 3 |
| 2. Explained things well: | 1 | 2 | 3 |
| 3. Helped participants feel comfortable: | 1 | 2 | 3 |
| 4. Was opened to feedback: | 1 | 2 | 3 |

Location:

- | | | | |
|--|-------------|---|---|
| 1. This was a convenient time and location: | 1 | 2 | 3 |
| 2. I would like to see a similar event at a different time or place: | | | |
| 3. Location: _____ | Time: _____ | | |

I found out about this event by:

- _____ **Internet**
- _____ **Newspaper**
- _____ **Friend/Family Member**
- _____ **Therapist/Counselor**
- _____ **MHA**

The Wellness and Recovery Committee is made up of representatives from UCMHD, Family of Woodstock, Gateway, MHA, PEOPLE, Inc., RCAL. It meets to make recommendations and provide limited funding for programs, activities and workshops.