



Midland Women's Health Care Place Group Evaluation

Please complete at the END of the group

Program / Group Activity (please tick one only):

- | | |
|---|---|
| <input type="checkbox"/> Art Expressions | <input type="checkbox"/> Mother Baby Nurture |
| <input type="checkbox"/> Mums & Bubs Yoga | <input type="checkbox"/> Strength to Strength |
| <input type="checkbox"/> Tai Chi | <input type="checkbox"/> Empowering Dance |
| <input type="checkbox"/> Circle of Security | <input type="checkbox"/> Craft Connections |
| <input type="checkbox"/> Beyond Anxiety | <input type="checkbox"/> Other _____ |

Your Name: _____ Date: _____

The information requested on this form is to help us maintain the quality of our services. The information you provide will be kept private and confidential. **Thank you for your assistance.**

For each of the questions below, please indicate 1 to 5 with 1 representing a low level and 5 representing a high level.

OVERALL HEALTH

Did your health improve as a result of attending this program?

Not at all 1-----2-----3-----4-----5-----N/A Improved a lot

MENTAL WELLBEING

Do you feel better about yourself since attending this program?

Not at all 1-----2-----3-----4-----5-----N/A Improved a lot

SKILLS

Have you learned something new from your interactions with us?

Not at all 1-----2-----3-----4-----5-----N/A Improved a lot

SOCIAL INCLUSION

Are you feeling more connected to your community?

Not at all 1-----2-----3-----4-----5-----N/A Improved a lot

RELATIONSHIP WITH FACILITATOR

I did not feel heard,
understood and
respected

1-----2-----3-----4-----5-----N/A

I felt heard, understood,
and respected

GOALS & TOPICS

We did not work on or talk
about what I wanted to

1-----2-----3-----4-----5-----N/A

We worked on and talked about
what I wanted to

INFORMATION / REFERRALS

I didn't find the information/
referrals provided sufficient or
relevant

1-----2-----3-----4-----5-----N/A

I found the information/referrals
provided sufficient & relevant

OVERALL SATISFACTION

How would you rate your overall satisfaction with the services you received at MWHCP?

Not at all satisfied

1-----2-----3-----4-----5-----N/A

Very satisfied

Please turn over page to complete feedback and suggestions.

Do you have any feedback or suggestions you would like to share?
