



**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"/> Gentle Yoga | <input type="checkbox"/> Tai Chi |
| <input type="checkbox"/> Inner Dance | <input type="checkbox"/> Mum's & Bubs Yoga | <input type="checkbox"/> Letting Go (Anxiety) |
| <input type="checkbox"/> Laughter Yoga | <input type="checkbox"/> Pilates | <input type="checkbox"/> Time Out for Craft |
| <input type="checkbox"/> Embrace Therapy | <input type="checkbox"/> Other (please specify _____) | |

Date: _____ **Time of Class:** _____

Facilitator Name: _____

Your Name: _____

*The information requested on this form is for statistics about the services we provide and the effects on your health and wellbeing. The information you provide will be kept private and confidential. **Thank you for your assistance to improve the quality of our services.***

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

HEALTH		
Did your health improve as a result of attending this program?		
Not at all	1-----2-----3-----4-----5	Improved a lot

WELLBEING		
Did your wellbeing improve as a result of attending this program?		
Not at all	1-----2-----3-----4-----5	Improved a lot

SKILLS		
Did your current skills improve?		
Not at all	1-----2-----3-----4-----5	Improved a lot

SOCIAL INCLUSION		
Did you feel less isolated?		
Not at all	1-----2-----3-----4-----5	Improved a lot

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	Very satisfied
<input type="checkbox"/> N/A		

FURTHER COMMENTS		

