



Date: _____

Do – It – Yourself Happiness

WoW Workshop Evaluation

	Poor	Satisfactory	Good	Excellent
Overall Satisfaction				
Administration/ Booking				
Topics we covered				
Style of delivery				
Facilitator’s Knowledge				
Activities, Handouts and materials				
Location of Workshop				
Refreshments provided				

Thinking about everything that we covered in the workshop today, what did you find most valuable?

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Do you have any other comments?

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Is there anything you would like to follow up on or learn more about?

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.....

.....



Date: _____

Do – It – Yourself Happiness

How would you describe your gender?

Male

Female

Non-Binary

Transgender

_____ (fill in the blank)

Prefer not to say

What age are you?

16 – 24

25 – 34

35 – 49

50 – 64

65 plus

Prefer not to say

Do you identify as:

Aboriginal

Torres Strait Islander

Culturally and linguistically diverse Please specify _____

Do you think of yourself as :

A Person with a disability

A Person experiencing mental health difficulties and/or issues related to substance abuse

What is your sexual orientation?

Bi Gay / Lesbian Heterosexual/ Straight

Prefer not to say or _____ (fill in the blank)