

PARTICIPANT FEEDBACK FORM

It is important to get your feedback on today's workshop. If you could take a few minutes to complete the following questions, we would be very thankful. It is OK if you do not want to.

Please place this sheet in a sealed envelope and give it to your facilitator when you are done. Only the original team who made this workshop, and not anyone from your treatment centre, will see your answers, unless you choose to share them.

Name: _____

Age: _____ **Treatment Facility:** _____

Cultural Background (circle): First Nations Métis Inuit Other: _____

	Strongly Agree	Agree	Disagree	Strongly Disagree	No Response
WORKSHOP CONTENT					
The workshop gave me an opportunity to discuss my healing journey from substance abuse.					
The workshop taught me that how I see myself is an important part of my healing journey.					
The workshop taught me that understanding my culture is an important part of my healing journey.					
The workshop taught me that stigma can be harmful to my healing journey.					
The workshop gave me hope for my healing journey.					
I learned from other participants who shared in the workshop today.					
It is important to me that the workshop was created based on the experiences of Aboriginal women healing from substance abuse.					
Was there information presented in the workshop today that you did not understand? (circle) YES NO If yes, what part(s) of the workshop did you find confusing? _____ _____					

	Strongly Agree	Agree	Disagree	Strongly Disagree	No Response
WORKSHOP FACILITATOR					
The facilitator knows a lot about the topics discussed in the workshop.					
The facilitator presented the workshop information at a speed I was able to follow.					
The facilitator made me feel welcome in the workshop.					
The facilitator made me feel supported enough in the workshop to talk about my healing journey.					
The facilitator answered my questions and concerns in a helpful way in the workshop.					

What is the most important thing(s) you learned today? _____

What part of the workshop did you like the best? _____

What part of the workshop did you like the least? _____

Overall, how would you rate the workshop?

Excellent

Good

Fair

Poor

[]

[]

[]

[]

We are very interested in any additional comments you have (Please attach another page if needed):

PARTICIPANT CONTACT INFORMATION FORM

We would greatly appreciate it if you would share with us your contact information so that we can get in touch with you in about three months from now to see if the workshop had a lasting, positive impact for you. Please place this sheet in the same sealed envelope as your participant feedback form. It is OK if you do not want to provide this information.

To help you decide, the questions that you would be asked to answer when a member of our "From Stilettos to Moccasins" team contacted you in a few months are: (1) What key message(s) do you remember from the workshop "From Stilettos to Moccasins"?, (2) Have you listened to the song or watched the video since your participation in the workshop?, (3) Have you used or applied any of the information you learned in the workshop in your life?, and (4) Have you shared any of the information you learned in the workshop with anyone else?

As a participant in the workshop "From Stilettos to Moccasins", I _____ agree to provide the Project Team - *Aboriginal Women Drug Users in Conflict with the Law: A Study of the Role of Self-Identity in the Healing Journey* with my personal contact information so that they can contact me, in a research capacity only, to gather follow-up feedback on my experiences as a workshop participant. I was involved in the workshop held at _____ on _____, 20___. If I decide not to participate after providing this information, I do not have to.

Signature of participant

Date of signature

Mailing address:

Email address:

Telephone number:

Facebook contact:
