Short event/project/workshop evaluation form

**[Name of organisation and project/event]**

LOCATION:

NAME: SEX: DATE: OVER 50

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **please tick one box - yes, no, or not sure** |  | **YES** | **NO** | **NOT**  **SURE** |
| **Was this workshop an enjoyable experience?** |  |  |  |  |
| **Did the workshop help you overcome lockdown?** |  |  |  |  |
| **Did coming to the workshop reduce isolation?** |  |  |  |  |
| **Did you find people in the workshop friendly?** |  |  |  |  |
| **Did the workshop make you feel part of the community?** |  |  |  |  |
| **Did you feel included in the activities?** |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Did workshop improve your health and wellbeing?** |  |  |  |

If yes, how did is improve your health and wellbeing

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DID YOU EXPERIENCE ANY OF THE 5 STEPS TO WELLBEING? Please tick:** | | | | |
| **A. Connect** | **B. Being active** | **C. Learning** | **D. Give to others** | **E. Mindfulness** |

Any particular benefits that the workshop provided for you?