

Participant Feedback and Satisfaction Questionnaire

The purpose of this short form is to gauge your appreciation of and collect your comments regarding your participation in a self-management workshop. The information we collect will help us document the aspects that were most appreciated and potential avenues for improvement. Thank you for your collaboration!

Anxiety Self-Management Workshop

Session:	
Date:	
Facilitators:	

1. Objectives

On a scale of 0 to 10, following the diagram below, please write the number that best describes your level of satisfaction with the following objectives:

0	1	2	3	4	5	6	_	7	8	9	10
Strongly	Dissatisfied			_	Fairly satisfied			Satisfied			Strongly
dissatisfied											satisfied

Objectives	Score
I got to know my anxiety	
I pay more attention to my symptoms and know when to act	
I am an active participant in treatment decisions	
I am adopting healthier lifestyle habits	
I recognize and challenge anxiety-maintaining thoughts and behaviours	
I try to be part of and maintain a constructive social network	
I have developed skills that allow me to regain control over my life.	

2. Topics explored

Week 1. Getting to know your anxiety

Week 2. Building self-awareness

Week 3. Reconsidering your lifestyle habits

Week 4. Adopting a problem-solving method

Week 5. Avoidance and exposure

Week 6. Acceptance and committed action

Week 7. Seeing things differently

Week 8. Managing your emotions

Week 9. Receiving support from others

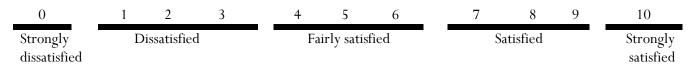
Week 10. Consolidating your tool kit

Did you especially appreciate a particular theme? If so, which one and why?

Did you appreciate any particular theme less than the others? If so, which one and why?

3. Workshop layout

On a scale of 0 to 10, please write the number that best describes your level of satisfaction with the following aspects of the workshop:



Workshop aspects							
The quality of the information presented							
The relevance of the themes							
The proposed exercises							
The discussions with other participants							

4. Facilitation

On a scale of 0 to 10, please write the number that best describes your level of satisfaction with the following aspects of the facilitation:

0	1	2	3	4	5	6	_	7	8	9	10
Strongly lissatisfied	Dissatisfied		Fa	Fairly satisfied			Satisfied			Strongly satisfied	
Facilitatio	n aspec	cts								Sco	re
The quality	of the w	elcome y	you receive	d							
The respect	of the v	vorkshop	rules								
The quality	of the ex	xplanatio	ns provideo	1							
The manage	ment of	the disc	ussions								
The handlin	g of diffi	icult situ	ations								
The facilitat	ors' ove	rall attitu	ıde								

We thank you very much for your feedback and wish you all the best.

5. Overall appreciation

0

Do you find that the workshop had an impact on your mental health? Yes No Please explain:

Overall, on a scale of 0 to 10, how would you rate the workshop? Please check the box corresponding to your answer.

5

6

4

7

8

9

10

Strongly	Dissatisfied	Fairly satisfied	Satisfied	Strongly
dissatisfied				satisfied

If you had to point to one element that was the most important or helpful for you, which one would it be?

Overall, on a scale of 0 to 10, how would you rate the quality of the written English in the participant workbooks? Please check the box corresponding to your answer.

0	1	2	3	4	5	6	7	8	9	10
Strongly dissatisfied	Di	issatisfied	d	Fa	irly satis	fied	Sa	atisfied		Strongly satisfied

Would you recommend this workshop to a friend struggling with anxiety? Yes No

Do you have any other comments or suggestions?

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Do you consent to Relief using the comments you have provided in this questionnaire for representation or advertising purposes?

Date: ____ Yes No Signature: _

We thank you very much for your feedback and wish you all the best.