

Date:

Initials:

Evaluation of Creative Writing Group

Please tick one box for each statement to show how much you agree with it

The creative writing group today has...

- | | | | | | | | | |
|-------------------------------------|--------------------------|------|--------------------------|-------------|--------------------------|----------|--------------------------|----------------|
| been enjoyable | <input type="checkbox"/> | true | <input type="checkbox"/> | partly true | <input type="checkbox"/> | not true | <input type="checkbox"/> | not applicable |
| helped me to relax | <input type="checkbox"/> | true | <input type="checkbox"/> | partly true | <input type="checkbox"/> | not true | <input type="checkbox"/> | not applicable |
| helped relieve my anxiety | <input type="checkbox"/> | true | <input type="checkbox"/> | partly true | <input type="checkbox"/> | not true | <input type="checkbox"/> | not applicable |
| lifted my mood | <input type="checkbox"/> | true | <input type="checkbox"/> | partly true | <input type="checkbox"/> | not true | <input type="checkbox"/> | not applicable |
| helped me to understand myself | <input type="checkbox"/> | true | <input type="checkbox"/> | partly true | <input type="checkbox"/> | not true | <input type="checkbox"/> | not applicable |
| helped me express thoughts/feelings | <input type="checkbox"/> | true | <input type="checkbox"/> | partly true | <input type="checkbox"/> | not true | <input type="checkbox"/> | not applicable |
| helped me to talk to others | <input type="checkbox"/> | true | <input type="checkbox"/> | partly true | <input type="checkbox"/> | not true | <input type="checkbox"/> | not applicable |

What was the most difficult thing about coming to the group?

What did you gain from coming to the group?

Do you think you might do more creative writing because of this group, and if so what do you think you might write about?

Thank you for joining the group today and for filling in this form