

# Activity Questionnaire

Activity/Group.....Date.....

## 1. Did you enjoy the group today?

Yes  No

## 2. Please rate how much you enjoyed this group on a scale of 1 to 10: (circle)

Completely disliked  Completely enjoyed

0 1 2 3 4 5 6 7 8 9 10

## 3. If you enjoyed the session today, why? (Please tick all that apply) (tick)

Structured my time   
Increased my social contact with others   
Positively distracted me   
Change of environment   
Physically more active

## 4. Please rate your level of interest of the group activity before and after it started: (circle)

Not interested  Completely Interested

**Before:** 0 1 2 3 4 5 6 7 8 9 10

Not interested  Completely Interested

**After:** 0 1 2 3 4 5 6 7 8 9 10

## 5. Has the group made you feel better?

Yes, much better  yes, a little  same  not much

## 6. Please state what you least enjoyed about the group and provide suggestions on how it can be improved for next time?

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*Thank you for taking the time to complete this questionnaire*