



## Substance Use Prevention Activities FACILITATOR FEEDBACK FORM

Facilitator: \_\_\_\_\_

Location: \_\_\_\_\_

Total # of Sessions Delivered: \_\_\_\_\_

Total # of Activities Delivered: \_\_\_\_\_

Total # of Participants: \_\_\_\_\_

1. Were there any concerns from the Recreation Program Staff regarding activities?

Yes

No

If yes, explain:

2. Summary of Participant Feedback (write comments below):

3. What did you like best? What worked well (successes)?

4. What did you like least? What did not work well (challenges)?

5. If we were to do this again, what would you do differently (Recommendations and opportunities for improvement)?

For each statement, indicate how much you Agree or Disagree:

6. I feel overall the program was successful.

Strongly Agree

Agree

Undecided

Disagree

Strongly Disagree



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7. I would recommend that this program be offered again.  
Strongly Agree      Agree      Undecided      Disagree      Strongly Disagree
8. I feel that I had adequate information and support available to implement this program.  
Strongly Agree      Agree      Undecided      Disagree      Strongly Disagree
9. The program materials were easy to use.  
Strongly Agree      Agree      Undecided      Disagree      Strongly Disagree
10. The program materials were good quality.  
Strongly Agree      Agree      Undecided      Disagree      Strongly Disagree
11. The program materials were appropriate for the participants.  
Strongly Agree      Agree      Undecided      Disagree      Strongly Disagree
12. Feedback from participants about the activities was positive.  
Strongly Agree      Agree      Undecided      Disagree      Strongly Disagree
13. I felt comfortable facilitating these activities.  
Strongly Agree      Agree      Undecided      Disagree      Strongly Disagree
14. I feel participants are now more aware of the risks associated with substance use.  
Strongly Agree      Agree      Undecided      Disagree      Strongly Disagree
15. I feel this program has addressed protective and risk factors associated with substance use.  
Strongly Agree      Agree      Undecided      Disagree      Strongly Disagree

**16. Other Comments:**

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*Thank-you for your feedback!*

**Please return the completed form to:**

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