

## Healing Support Program

### Post-Evaluation Questionnaire

Date: \_\_\_\_\_

1. The support program environment was safe and supportive (circle one).  
Agree      Somewhat agree      Not sure      Somewhat disagree      Disagree
  
2. The support program validated my feelings and gave me hope for healing (circle one).  
Agree      Somewhat agree      Not sure      Somewhat disagree      Disagree
  
3. I have a better understanding of the effects of my difficult life experiences and how to heal from them (circle one).  
Agree      Somewhat agree      Not sure      Somewhat disagree      Disagree
  
4. I have learned new healing skills and self-care practices that help me feel better (circle one).  
Agree      Somewhat agree      Not sure      Somewhat disagree      Disagree
  
5. I have more confidence that I can heal and regain a sense of well-being by my own self-awareness, thoughts and actions (circle one).  
Agree      Somewhat agree      Not sure      Somewhat disagree      Disagree
  
6. I have experienced some benefit(s) from a regular healing practice and intend to continue the practice (circle one).  
Agree      Somewhat agree      Not sure      Somewhat disagree      Disagree
  
7. Overall I would rate the support program as (circle one):  
Extremely Helpful      Somewhat helpful      Not sure      Unhelpful

8. Do you have any specific comments to offer on your support program experience?

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9. Do you have suggestions on how the support program could be improved?

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