

Annual Program Survey

Please take some time to answer these questions about our program. Your honest responses will help us know what we do well and what we can do better!

I consent to allow The Alberta PCAP Council to collect, use, and share my information without my name.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Section 1

Please read these sentences about the services you received in our program. Do you agree with them? Choose one answer for each question.

	Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree
After coming to this program . . .					
1. I know where to look in my community if I need help (besides this program)					
2. I am better connected to people/services that can help me					
3. I am more aware of what my strengths are					
4. If I have a problem, I have more ways to deal with them					
5. I take better care of myself					
6. My life has improved, overall					
7. I am happy with the support I receive					

Section 2

Please read these sentences about the mentor you last worked with for at least 1 month. Do you agree with them? Choose one answer for each question. You can choose between Strongly Agree, Somewhat Agree, Neutral, Somewhat Disagree, or Strongly Disagree.

	Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree
My mentor/advocate . . .					
8. Helps me set my own goals					
9. Celebrates with me when I reach my goals					
10. Helps me keep a positive outlook					
11. Helps me learn how to solve my problems					
12. Does not ask me to do anything I cannot do					

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My mentor/advocate . . .	Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree
					
13. Helps me improve my personal relationships					
14. Respects my family's ways of doing things					
15. Motivates me to protect my baby's health					
16. Cares about what happens to me					
17. Understands me					
18. Respects my independence					

Section 3

Please answer these questions in your own words.

19. Tell us one way how this program has made a difference in your life.
20. What did you like the best about this program?
21. What did you like the least about this program?
22. Do you have any comments or suggestions about our program? If yes, please explain.

For office use only if entered into online survey:

Date entered:

Initials of entering worker: