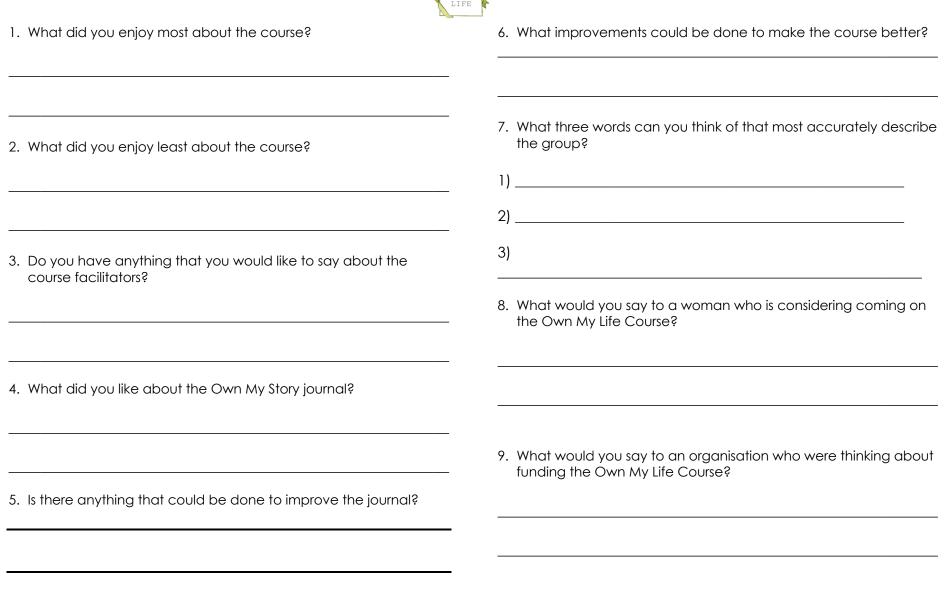


		$\odot$	<u>••</u>	
	Definitely	Mostly	Sometimes	Never
I enjoyed the Own My Life Course.				
I learned a lot through the course.				
The course has helped me to understand my life better.				
The course facilitators were helpful and supported my learning.				
I like the Own My Story journal.				
I would recommend the course to other women.				
The course has changed my life.				



10.Is there anything else you would like to say about the course?



		$(\cdot)$	0	
	Definitely	Mostly	Sometimes	Never
I feel like I am in control of my life and my future.				
I can make sense of my life.				
Overall, I feel good about my life.				
I have family and/or friends that love and support me.				
I know where to go if I need help with difficulties in my life (e.g. money, health, job, education).				
I like and feel safe in my neighbourhood and/or community.				
I am as healthy as I can be.				
I feel safe.				
I know what domestic abuse is.				
I think that the things I see and hear in songs, newspapers, TV programmes, magazines, and adverts affect how I see myself and my life.				
I feel in control of my finances/money.				
If I am a parent and am in contact with my children, I feel able to meet their needs.				
If I am a parent, I am confident that my children know that I love them.				



1. How would you describe your gender?

Woman	
Man	
Non-binary	
Prefer not say:	
Other (please specify)	

2. Do you have the protected characteristic of gender reassignment according to the definition in the Equality Act? (The Equality Act 2010 defines this as a person proposing to undergo, is undergoing or has undergone a process - or part of a process - for the purpose of reassigning the person's sex by changing physiological or other attributes of sex.)

Yes	
No	
Prefer not say:	

3. What is your age?

16-18	36-55	
19-25	56-64	
26-25	Over 65	

 Do you consider yourself to have a disability according to the definition in the Equality Act? (The Equality Act 2010 defines a disabled person as someone who has a mental or physical impairment that has a substantial and long-term adverse effect on the person's ability to carry out normal day-to-day activities.)

Yes	
No	
Prefer not to say	

5. If yes, please choose from the following:

Blind	/sight impairment	
Deaf	/hearing impairment	
Mobi	ility impairment	
Spee	ech impairment	
Learr	ning difficulties	
Ment	tal health problems	
Long	-term illness	
l'd ra	ither not say	
Some	ething else:	
(plec	ase describe)	

6. How would you describe your ethnicity?

### Asian / Asian British

Bangladeshi	
Chinese	
Pakistani	
An Asian background:	
(please describe)	



### Black/African/Caribbean/Black British

African	
Caribbean	
A Black/African/Caribbean	
background: (please describe)	

#### Mixed / Multiple ethnic groups

White and Asian	
White and Black African	
White and Black Caribbean	
A Mixed/ Multiple ethnic	
background: (please describe)	

#### White

English/Welsh/Scottish/	
Northern Irish/British	
Irish	
Gypsy or Irish Traveller	
A White background: (please	
describe)	

#### Arab

An Arabic ethnic group:	
(please describe)	

#### None of the above

(please describe)

### 7. Do you have a faith/religion?

Agnostic	Muslim	
Atheist	Sikh	
Buddhist	Spiritual	
Christian	None	
Hindu	Other	
Jewish	Please describe:	

8. How would you describe your sexual orientation?

Bisexual	
Gay	
Lesbian	
Straight/Heterosexual	
Other	
Please describe:	

9. How would you self-identify your social class?

Working classUpper-working classMiddle classUpper-middle classUpper classOtherPlease describe:



10. What is your first language?

Please leave your email address if you would like to be added to our mailing list: