


 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.				

End of Course Evaluation Form



1. What did you enjoy most about the course?

2. What did you enjoy least about the course?

3. Do you have anything that you would like to say about the course facilitators?

4. What did you like about the Own My Story journal?

5. Is there anything that could be done to improve the journal?

6. What improvements could be done to make the course better?

7. What three words can you think of that most accurately describe the group?

1) _____

2) _____

3) _____





8. What would you say to a woman who is considering coming on the Own My Life Course?

9. What would you say to an organisation who were thinking about funding the Own My Life Course?

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

End of Course Evaluation Form



	 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.				

End of Course Evaluation Form



1. How would you describe your gender?

Woman	
Man	
Non-binary	
Prefer not say:	
Other (<i>please specify</i>)	

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	
26-35		Over 65	

4. 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	
Mobility impairment	
Speech impairment	
Learning difficulties	
Mental health problems	
Long-term illness	
I'd rather not say	
Something else: (<i>please describe</i>)	

End of Course Evaluation Form



6. How would you describe your ethnicity?

Asian / Asian British

Afghan	
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/	
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Northern Irish/British	
Irish	
Gypsy or Irish Traveller	
A White background: (please describe)	

Arab

An Arabic ethnic group: (please describe)	
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None of the above

Please describe:	
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7. Do you have a faith/religion?

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

End of Course Evaluation Form



8. How would you describe your sexual orientation?

Bisexual	
Gay	
Lesbian	
Straight/Heterosexual	
Other	
<i>Please describe:</i>	

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

Working class	
Upper-working class	
Middle class	
Upper-middle class	
Upper class	
Other	
<i>Please describe:</i>	

10. What is your first language?

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11. If you feel able to say, how many children (under 18 years old) will be impacted by you having attended Own My Life? *(These could be your children, step-children, children with you in kinship care.)*

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

End of Course Evaluation Form