



**Photovoice Program
Evaluation
Office of Diversity and Equity**





All of this information is completely **confidential** and is used to understand the success of the storytelling program.



CID: _____ PID: _____ Date: _____

Thank you for filling out this evaluation. Please take your time when responding to the questions. Your feedback will help us understand better ways to serve the community.

1. How much do you agree or disagree with these statements (circle one number for each):

									
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree				
<i>I am glad I participated in the program.</i>	9	8	7	6	5	4	3	2	1
<i>I participated in the program to the best of my ability.</i>	9	8	7	6	5	4	3	2	1
<i>My attitudes about behavioral health (mental health and/or substance abuse) were positively affected as a result of this program.</i>	9	8	7	6	5	4	3	2	1
<i>The leader effectively supported me throughout the program.</i>	9	8	7	6	5	4	3	2	1
<i>This program was sensitive to my cultural background.</i>	9	8	7	6	5	4	3	2	1
<i>The goals of this program were clear.</i>	9	8	7	6	5	4	3	2	1
<i>The goals of this program were met.</i>	9	8	7	6	5	4	3	2	1

2. How much do you agree or disagree with these statements (circle one number for each):

									
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree				
<i>I feel that my Photovoice helps me express something I cannot express in other ways.</i>	9	8	7	6	5	4	3	2	1
<i>I think more positively about challenges in my life as a result of this program.</i>	9	8	7	6	5	4	3	2	1
<i>I will share my Photovoice with people in my community (friends, family, and/or colleagues).</i>	9	8	7	6	5	4	3	2	1
<i>I am more likely to share my lived experience with people in my community as a result of this program.</i>	9	8	7	6	5	4	3	2	1
<i>I learned something new about photography as a result of this program.</i>	9	8	7	6	5	4	3	2	1
<i>I learned something new about storytelling and scripting as a result of this program.</i>	9	8	7	6	5	4	3	2	1
<i>I learned how to create change in my community with my story as a result of this program.</i>	9	8	7	6	5	4	3	2	1

 **Please TURN OVER and complete BOTH SIDES of this survey** 



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3. *How has this program changed the way you view your story?*

4. *What did you like and dislike most about Photovoice?*
