

EASEing Self Stigma Workshop

Date: _____

Please circle the number that best reflects how much you agree with each of the following statements.

| | Completely Agree (5) | Somewhat Agree (4) | Neither Agree nor Disagree (3) | Somewhat Disagree (2) | Completely Disagree (1) |
|--|-------------------------|-----------------------|-----------------------------------|--------------------------|----------------------------|
| I learned new knowledge and skills from this workshop. | 5 | 4 | 3 | 2 | 1 |
| The supplementary materials provided at the training (e.g., handouts, assessment tools) enhanced the learning process. | 5 | 4 | 3 | 2 | 1 |
| The knowledge and skills learned at this workshop will assist me in my work. | 5 | 4 | 3 | 2 | 1 |
| I will be able to apply the knowledge and skills learned to improve my work. | 5 | 4 | 3 | 2 | 1 |
| Overall, I was satisfied with this workshop. | 5 | 4 | 3 | 2 | 1 |

What additional information or tools about self-stigma would you have liked to have been included in the workshop?

What additional topics related to serious mental illness or mental health recovery would you like to see addressed in future workshops?

Other feedback: