

The **Pre- and Post-Program Survey** measures participants' mental well-being and knowledge before and after the HEAL program, helping evaluate its effectiveness. As an arts-based initiative, the survey also allows participants to express their thoughts creatively, reflecting the program's ethos.

The pre-program survey is administered during the first three sessions, and the post-program survey during the final three sessions. A peer researcher, trained placement student, or volunteer facilitates the survey, with interpreters provided as needed. Duration 15 - 20 minutes.

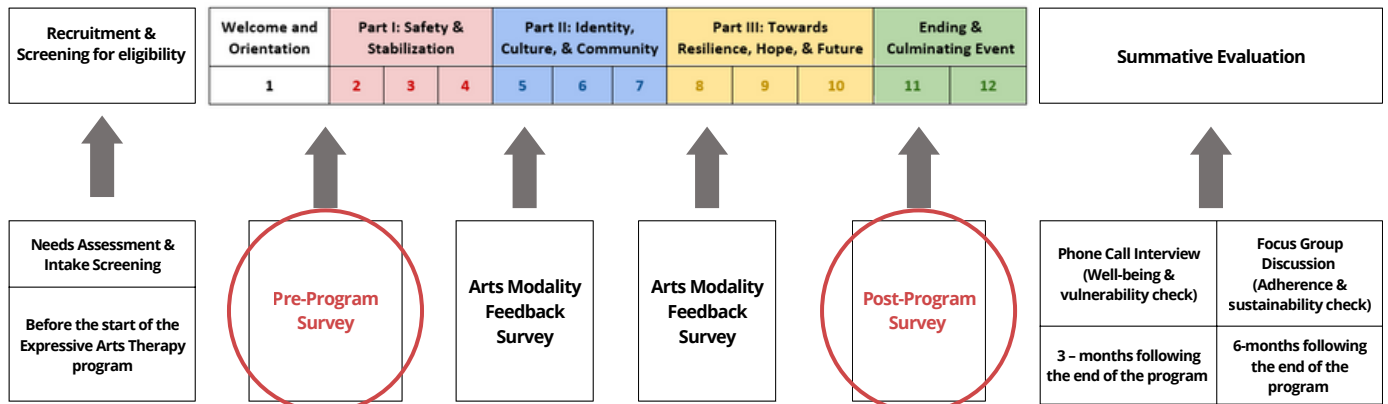
Tip: Have volunteers and placement students guide 1 - 3 participants through the survey for greater understanding of questions.

Key Themes: Mental Wellbeing, Healthy Relationships, Services Knowledge and Awareness

Special Considerations

- Offer flexible participation options, including an at-home choice.
- Provide individual support for instructions, questions, and literacy levels.
- Ensure emotional safety and trauma-informed support if participants become distressed during the survey.
- Translate survey questions into relevant languages using simple, culturally familiar language that clearly conveys the intended meaning.

Program & Evaluation Cycle



Reference: Access Alliance Multicultural Health and Community Services (2025). Tool: Pre and Post Survey Tool.

This tool is produced for the project titled: "HEAL - Hubs of Expressive Arts for Life" funded by the Public Health Agency of Canada (Arrangement # 2223-HQ-000042) for Preventing and Addressing Family Violence for a period of 4 years. This project is approved by the REB of the Community Research Ethics Office (Canada) Corp., c/o Centre for Community Based Research, 190 Westmount Road North, Waterloo, Ontario, N2L 3G5 (CREO REB file # 277). Email: creo@communitybasedresearch.ca. Telephone: 1-888-411-2736.

This checklist serves as an initial guide for key considerations in delivering HEAL Program Arts Pre and Post survey. It is not an exhaustive list, but rather a tool to spark dialogue and support individuals and organizations in developing or enhancing program evaluation efforts.

Preparation Phase

- Identify and train survey implementers (e.g. peer researchers, volunteers and/or students). Ensure the team understands the questions and purpose of the tool.
- Provide participants with an overview of the survey process, explaining that it will be completed twice, once at the beginning and once at the end of the program.
- Have copies of the tool in English and the language that suits the participants linguistic context.
- Book an interpreter as needed for participants needing language supports.

Materials

- Colour printed survey sheets
- Markers, Pastels, Pencils
- Other writing tools
- Tables and Chairs

While this checklist provides a helpful starting point, tailor this tool to meet the diverse needs of your facilitator teams. Adopt and make this tool relevant to your context. Reflect and learn together.

Implementation Phase

- Clearly explain, to participants, the survey helps improve the program to better support participants' mental well-being. Reassure them that their input is voluntary and highly valued.
- Explain the different ways the survey can be completed. Participants may complete it independently or with facilitator support. For qualitative questions, non-written responses, such as verbal or artistic answers, are also allowed. If verbal, facilitator team member needs to transcribe their response.
- To assess program progress, facilitator team needs to document participant code on the survey "birthcity_birtheart_favouriteflower" (Ex. toronto_1999_red)
- Use tool to administer the survey with the following main sections including 1) introduce the purpose of the survey 2) ensure participants are comfortable in sharing their thoughts 3) survey completion 4) conclusion.
- After the activity and discussion, thank participants for their engagement and address any follow-up questions they may have. Continue onto the next section of the program.

Wrap Up Phase

- After the group survey, invite participants to stay for individual conversations if they wish, allowing those who prefer to share their responses privately to do so.
- Collect surveys at the end of the session and transcribe any non-written responses with participants' input. Ensure all data is stored according to your agency's data storage policies.
- Conduct a facilitator debrief to discuss the challenges and points of growth for implementing the survey.






TOOL : Pre-Program Quantitative Survey

Thank you for your continued participation in the [insert program name]. The information collected will inform the current program to best meet your needs, and improve the program for future participants.

Please take a few minutes to answer the questions below. It is not mandatory to answer all the questions.






Your answers will remain private and confidential. Any information that you share with us will not affect the support and services you receive from our organization.

General Self Efficacy Scale.
Please check one box for each question.

					
	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
Self-Efficacy					
I have been trying to see my situation more positively.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel I am able to address issues of violence, including discrimination and safety in my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel comfortable sharing my lived experiences with others in this expressive arts group.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel comfortable sharing my lived experiences with friends and family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel anxiety from past traumas that have occurred in my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been blaming myself for things that happened.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I often feel lonely.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel low-self-esteem about myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel a sense of helplessness in my current situation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I find it challenging to communicate my needs with others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TOOL : Pre-Program Quantitative Survey

General Self Efficacy Scale.
Please check one box for each question.

					
	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
Healthy Relationships					
I feel stressed due to relationships in my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been getting emotional support from others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel a sense of safety and trust in my current relationships.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel a sense of belonging in my community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge & Awareness					
I have an understanding and knowledge on my rights in Canada.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am aware of support services and resources that I can access relating to safety and violence.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am aware of support services and resources that I can access relating to employment or settlement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am aware of support services and resources that I can access relating to physical and mental health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Settlement Services					
I have been taking action to access support services and resources to improve my situation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The support services and resources I have accessed have been helpful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have experienced barriers when accessing services and resources.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TOOL : Pre-Program Qualitative Survey

Thank you for your continued participation in the [insert program name]. The information collected will inform the current program to best meet your needs, and improve the program for future participants. Please take a few minutes to answer the questions below with an image or text. It is not mandatory to answer all the questions. Your answers will remain private and confidential. Any information that you share with us will not affect the support and services you receive from our organization.

Question: Why are you interested in participating in the [insert program name]?

Follow Up Question: What do you hope to gain from the program?

Draw

Text

Question: What are the topics you want to learn about in this program? (For example, mental health, relationships, art)

Follow Up Questions: What areas of knowledge and skill building are most important to you? Are there any personal challenges or interests that you are hoping this program will support you in?

Draw

Text

TOOL : Pre-Program Qualitative Survey

Question: What activities do you do to stay calm in stressful situations?

Follow Up Questions: What are some tools or practices that you use to manage stress in your daily life? When you notice stress building up, what steps do you take to calm yourself down?

Draw

Text

Question: What does a healthy relationship look like to you?

Follow Up Questions: What qualities do you think are most important in a strong and healthy relationship? If you could design your ideal relationship, what would it look and feel like?

Draw

Text

TOOL : Pre-Program Qualitative Survey

Questions: Where do you see yourself within your community? Do you feel closely connected, distant, or somewhere in between?

Follow Up Questions: What shapes that feeling for you? How has your connection to your community changed over time, and where do you see it going?

<p>Draw</p>	<p>Text</p>
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Questions: What would you like more for yourself, family, and community in the future?

Follow Up Questions: If you could improve three things for your life, your family, and your community, what would they be?

<p>Draw</p>	<p>Text</p>
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TOOL : Post-Program Quantitative Survey

Thank you for your continued participation in the [insert program name]. The information collected will inform the current program to best meet your needs, and improve the program for future participants.

Please take a few minutes to answer the questions below. It is not mandatory to answer all the questions.

Your answers will remain private and confidential. Any information that you share with us will not affect the support and services you receive from our organization.






General Self Efficacy Scale.
Please check one box for each question.

					
	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
Self-Efficacy					
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I feel I am able to address issues of violence, including discrimination and safety in my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel comfortable sharing my lived experiences with others in this expressive arts group.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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I've been blaming myself for things that happened.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I often feel lonely.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel low-self-esteem about myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel a sense of helplessness in my current situation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I find it challenging to communicate my needs with others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TOOL : Post-Program Quantitative Survey

General Self Efficacy Scale.






Please check one box for each question.

					
	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
Healthy Relationships					
I feel stressed due to relationships in my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been getting emotional support from others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel a sense of safety and trust in my current relationships.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel a sense of belonging in my community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge & Awareness					
I have an understanding and knowledge on my rights in Canada.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am aware of support services and resources that I can access relating to safety and violence.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am aware of support services and resources that I can access relating to employment or settlement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am aware of support services and resources that I can access relating to physical and mental health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Settlement Services					
I have been taking action to access support services and resources to improve my situation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The support services and resources I have accessed have been helpful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have experienced barriers when accessing services and resources.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TOOL : Post-Program Quantitative Survey

Questions about group facilitators and *[insert program name]*.

Please check one box for each question.

					
	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
The facilitators were friendly and made me feel welcome.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The facilitators treated me with courtesy and respect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The facilitators explained things in a way that I could understand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The facilitators fostered a safe space to encourage sharing and participation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facilitator was able to acknowledge my culture and language during the program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It was helpful to have a facilitator that spoke or shared the same social/cultural background as me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall, I am satisfied with the group facilitators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was able to understand the <i>[insert program name]</i> activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would recommend the <i>[insert program name]</i> to a friend or family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please tell us any other comments you have about the group facilitators:

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<p>Questions: How was your experience with the [insert program name]? What was helpful for you? What could we improve on?</p> <p>Follow Up Questions: What are specific activities you liked about the [insert program name]? What activities do you use in your daily life?</p>	
<p>Draw</p>	<p>Text</p>

<p>Question: What topics did you learn about this program that were helpful for you?</p> <p>Follow Up Questions: What are the discussions that we had in the program that were interesting to you or most memorable? Anything you want to learn more about from the [insert program name]?</p>	
<p>Draw</p>	<p>Text</p>

TOOL : Post-Program Qualitative Survey

Question: What activities do you use to stay calm in stressful situations that you learnt from the program?

Follow Up Question: What are calming activities you want to integrate in your daily life?

<p>Draw</p>	<p>Text</p>
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Question: How has your view of healthy relationships changed during the program?

Follow Up Questions: How would you describe a healthy relationship? With your family, friends, community? What do you want to know more about healthy relationships?

<p>Draw</p>	<p>Text</p>
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TOOL : Post-Program Qualitative Survey

Question: Where do you see yourself within your community? Do you feel closely connected, distant, or somewhere in between?

Follow Up Question: Do you feel more connected from the [insert program name] to other people? Do you know more about the community from being part of the [insert program name]?

Draw

Text

Question: What are your visions for your future following the program?

Follow Up Questions: Where do you see yourself after finishing this program, and what steps do you hope to take next?

Draw

Text

TOOL : Post-Program Qualitative Survey

Question: Any additional supports, referrals you are still needing? Are you connected with other organizations that are helping you?

Follow Up Question: What services are you already connected to? What other support services do you want to know more about?

Draw	Text