Change Workshop Feedback Survey

will help us for future planning. The survey is con	npletely anon	ymous and you	r answers will not be	shared with anyo	ne else.
(Tick the appropriate response)					
Which state or territory do you live in:					
$ACT \bigcirc NSW \bigcirc NT \bigcirc SA$	4	VIC 🔾	QLD (TAS	O WA C	
Which of these statements best describes you	u and smokir	ng:			
○ I have never smoked					
○ I don't smoke now but I used to					
○ I smoke sometimes					
O I smoke every day/most days					
Which of these statements best describes you	u and vaping	:			
○ I have never vaped					
O I don't vape now but I used to					
○ I vape sometimes					
O I vape every day/most days					
What did you think about today's workshop?					
	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
The workshop was presented clearly	\circ	0	0	0	\circ
The workshop was interesting	\circ	\bigcirc	\bigcirc	\bigcirc	\bigcirc
The workshop was useful	\circ	\circ	\bigcirc	\circ	\bigcirc
The workshop made me think about my own smoking	0	\bigcirc	0	0	\circ
The workshop motivated me to 'Keep our place a smoke-free space'	0	\circ	0	0	0
How confident do you feel that you and your	colleagues w	vill be able to r	nake your place a sr	noke-free space	?
○ Very confident					
Confident					
○ Not sure					
O Not that confident					
O Not at all confident					
The length of the workshop was:					
◯ Just right					
○ Too long					
○ Too short					
Overall, how satisfied are you with the works	hop?				
Very satisfied					
Satisfied					
 Neither satisfied nor dissatisfied 					
Dissatisfied					
O Very dissatisfied					
How could we improve this workshop?					

Please share your thoughts about today's workshop by completing this short survey. It will only take a few minutes and your feedback

Keep our place a smoke-free space