

**Funding Scheme for Women’s Development (District Stream)
Participants’ Questionnaire**

Part A (To be completed by the officer-in-charge)

Project No.	
Name of Organisation	
Project Name	
Date of Activity	
Name of Activity	

Part B (To be completed by the participants)

Please tick “✓” the appropriate box.

		Strongly agree	Agree	Disagree	Strongly disagree	Not applicable
1.	The content of the programme was what I have expected.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	The programme facilitators gave clear instructions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	The speakers clearly delivered the messages.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Handouts were relevant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	The performance was of high standard.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	I could easily understand the content of the programme.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	The programme was useful to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	The organiser had good understanding of the project theme.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	The organiser was successful in encouraging participants to take an active part in the programme.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Do you think this programme needs further improvement(s)?

- No
 Yes (If yes, please specify: _____)

11. Will you join again if there is any similar activity in the future?

- Yes
 No (If no, please specify: _____)

12. Other comments:

Your age:

<input type="checkbox"/> Below 25	<input type="checkbox"/> 25 - 35	<input type="checkbox"/> 36 - 45
<input type="checkbox"/> 46 - 55	<input type="checkbox"/> Above 55	

~ Thank You ~