Participant Satisfaction Survey

Date: ___/___/___ ID # _____Facilitators_____

Below are statements about the "Healing Our Women" (HOW) intervention. Please rate each one by choosing a number from the scale below.

SCALE: **Not at all** **1** **2** **Somewhat** **3** **4** **Very much** **5**

	Rating number from scale
1. The purpose and goals of "Healing Our Women" are clear to me.	
2. I will use the KFNHP Problem-Solving method in the future.	
3. I understand the importance of the "Big 5" and their affect on HIV and HIV risk behaviors.	
4. I understand the risks associated with my past relationships.	
5. I understand how my support network can affect my personal goals.	
6. I am more aware of the negative things I tell myself.	
7. HOW has taught me how to turn negative messages into positive ones to stay healthy.	
8. I am more aware of ways to reduce drug and sex risk behaviors.	
9. I understand how my past has influenced my attitudes, beliefs, and behaviors.	
10. I have better knowledge of HIV risk factors and re-infection.	
11. I learned how to communicate better with my medical provider.	
12. I will make an action plan to take better care of my health.	
13. The facilitators presented the information in a clear and respectful manner.	
14. Overall, I was satisfied with the HOW group.	
15. Overall, I will use the information from HOW in my life.	

Other Comments/Suggestions (use back of the paper, if you want):

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Comments/Suggestions (continued):

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