







## CIF Individual Feedback Form

| Project Name:   | Strongly Disagree   | Disagree  | Somewhat Disagree   | Somewhat Agree  | Agree   | Strongly Agree  |
|---|---|---|---|---|---|---|
|   |  |  |  |  |  |  |
| The project offers a safe space for me                      |   |   |   |   |   |   |
| I feel supported when I come to the project                 |   |   |   |   |   |   |
| I have learned things that help me stay healthy             |   |   |   |   |   |   |
| I found out how to access other supports in the community   |   |   |   |   |   |   |
| I participate more in activities or events in the community |   |   |   |   |   |   |
| I have new friends and/or I am connected to more people     |   |   |   |   |   |   |
| I feel more connected to my community                       |   |   |   |   |   |   |
| I can better manage daily challenges                        |   |   |   |   |   |   |
| I feel less stressed  |   |   |   |   |   |   |
| I support other project participants                        |   |   |   |   |   |   |
| I contribute to the project                                 |   |   |   |   |   |   |
| Participating in the project gives me a sense of purpose    |   |   |   |   |   |   |

**Your individual experience is valuable and provides unique insights. Please share any thoughts or ideas you have about participating in the project.**

**(It might be something you learned, something you experienced, or a person you met.)**

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