

WORKSHOP EVALUATION - CANNABIS

1. Your name (optional - you can also use a nickname)

2. Do you identify as (please tick) male female other

3. Your Region/ County 4. Your age

5. Please tell us two new things you have learnt about cannabis today?

6. Have your views on cannabis changed as a result of the workshop? (please tick)
Yes Somewhat No

7. If yes/somewhat to Q6, please tell us how your views have changed below

8. Please give one strategy for resisting peer pressure

9. Please give one sign of a cannabis use problem

10. Following the session, do you feel confident in offering advice? (please tick)
Yes Somewhat No

11. Please give two places to turn to for help and support with cannabis use

12. Please rate the workshop overall from 1 - 10 (1=very poor, 10= excellent)
1 2 3 4 5 6 7 8 9 10

13. Please note something from the workshop which you feel worked well

14. Please note something which you feel could have made the workshop better

15. Do you feel you can make informed choices about cannabis now? (please tick)
Yes Maybe No

16. How aware were you of the effects of cannabis before the workshop?

(use 1 – 10 scale, where 10 = extremely aware) before the workshop?

1 2 3 4 5 6 7 8 9 10

17. How aware are you of the effects of cannabis after the workshop?

1 2 3 4 5 6 7 8 9 10

18. How aware were you about the number of people who use cannabis?

(use 1 – 10 scale, where 10 = extremely aware) before the workshop?

1 2 3 4 5 6 7 8 9 10

19. How aware are you about the number of people who use cannabis?

1 2 3 4 5 6 7 8 9 10

20. How confident did you feel about supporting yourself or someone else using cannabis before the workshop? (use 1 – 10 scale, where 10 = extremely confident)

1 2 3 4 5 6 7 8 9 10

21. How confident do you feel about supporting yourself or someone else using cannabis after the workshop?

1 2 3 4 5 6 7 8 9 10

22. How confident did you feel about resisting pressure to use cannabis before the workshop? (use 1 – 10 scale, where 10 = extremely confident)

1 2 3 4 5 6 7 8 9 10

23. How confident do you feel about resisting pressure to use cannabis after the workshop?

1 2 3 4 5 6 7 8 9 10

24. How likely were you to change your attitude to using cannabis before the workshop? (use 1 – 10 scale, where 10 = extremely likely)

1 2 3 4 5 6 7 8 9 10

25. How likely are you to change your attitude to using cannabis after the workshop?

1 2 3 4 5 6 7 8 9 10

26. Did you find the workshop interesting and engaging?

(1= not at all interesting/engaging, 10= extremely interesting/engaging)

1 2 3 4 5 6 7 8 9 10

27. If you would be interested in becoming a peer mentor or completing an on line certificate in alcohol and drug knowledge and awareness, please supply an email: