The Go-Give Project Feedback Form

We would love to hear your thoughts or feedback on how we can improve your experience!

Date: _____

Gender:
- ☐ Male
- ☐ Female
- ☐ Other

Age:
- ☐ 15 - 24
- ☐ 25 - 34
- ☐ 35 - 44
- ☐ 45 - 54
- ☐ 55+

How often have you accessed Go-Give services in the last 30 days?
- ☐ 1-5 times
- ☐ 6-10 times
- ☐ 11-15
- ☐ 16+ times

What services have you accessed? (check all that apply)
- ☐ Harm Reduction
- ☐ Nutrition
- ☐ Mobile Outreach
- ☐ Case Management
- ☐ Workshops
- ☐ Education & Toolkits

On a scale of 1-5, how useful did you find these services? (1 being not useful at all, 5 being extremely useful)
- ☐ 1 (not useful)
- ☐ 2
- ☐ 3 (somewhat useful)
- ☐ 4
- ☐ 5 (extremely useful)

Do you feel that you have gained knowledge and/or skills that you can use in the future?
- ☐ Yes
- ☐ No
- ☐ I don't know

Would you like to provide any further feedback or suggestions to help us improve our services?
_____
_____
_____