

Appendix 1: Post Session Questionnaire: Participants

Date of event Location

Name..... Position.....

Leave blank if you prefer

Please circle the answer that most resembles your opinion

1. Have you enjoyed your time in the drum circle?

Yes Partly No

(If not please detail in section 10)

2. Did you feel safe and respected with the facilitator?

Yes Partly No

3. Did your mood improve when you were playing music in the circle?

Yes Partly No

4. Was the facilitator warm and inviting?

Yes Partly No

5. Did you feel a connection with others in the circle?

Yes Partly No

6. Were the sessions the right length for you?

Yes Partly No

7. Was the venue and seating comfortable for you?

Yes Partly No

8. Did you feel uplifted and empowered by the sessions?

Yes Partly No

9. Would you recommend attending a drum circle to others?

Yes Partly No

10. In what ways could we have made this a better experience for you?

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11. Please write a brief statement describing your experience of the event below:

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Rate your overall experience below

(Circle your preference)

Very high	Above average	Average	Below expectations	Poor
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Appendix 2: Post Session Questionnaire: Managers

Date of event Location

Name..... Position.....

1. Did the event meet your expectations?

Yes Partly No

(If not please detail in section 10)

2. Was the facilitator professional in their conduct?

Yes Partly No

3. Did the participants benefit from their attendance?

Yes Partly No

4. Was the facilitator warm and inviting?

Yes Partly No

5. Did the facilitator have a clear understanding of the participants' needs?

Yes Partly No

6. Were the participants empowered by this session?

Yes Partly No

7. Were the participants uplifted by this session?

Yes Partly No

8. Was communication by the facilitator in the lead up to the session clear and prompt?

Yes Partly No

9. Would you recommend our work to others

Yes Partly No

10. Were there areas in which we could improve our work? If so, please detail below

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11. Please write a brief statement describing your experience of the event.

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Rate your overall experience below

(Circle your preference)

Very high	Above average	Average	Below expectations	Poor
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Appendix 3: Feedback from Third Parties

(TEACHERS, CLINICIANS, PARENTS, ETC.)

Date Name

Please rate your assessment of the following participants on a scale of 1 to 10 with 5 being no change, 1 being significant detrimental change and 10 being significant positive change

1 2 3 4 5 6 7 8 9 10



Participant name	General mood	Level of self-control	Level of self-esteem	Level of attention & focus	Level of social comfort	Level of social interaction	Level of collaboration with others

Participants' names will be de-identified after research

Appendix 4: How Are We Doing?

Date Name

Circle the image that fits.

(Program coordinator may read the questions and instructions out loud.)

1. Do you think the drum circle is helping you?



2. Do you feel safe and respected in the drum circle?



3. Do you think we are working well together as a group?



4. How are you doing generally? Do you feel as if you are moving forward, standing still or going backwards?



5. How are your relationships with other people? Do you feel these are improving, standing still or getting weaker?



6. How are you doing emotionally? Do you feel more stable, just the same or more vulnerable?



7. Would you like to continue doing drum circle work?

