Appendix F: Follow-Up Feedback Questionnaire for Longitudinal Study

DATE:

NAME:  ROLL NO:  COURSE:  MALE ( ) FEMALE ( )

1. Are you working for any organization? Please tick either Yes or No.
   YES ( )  NO ( )

2. If yes, give the name of the organization:

3. Do you recall the following of the intervention program that you participated in
   a) Purpose: YES ( )  NO ( ) If yes, what was the purpose?

   b) Content: YES ( ) NO ( ) If yes, what did it consist of?

   c) Exercises: YES ( ) NO ( ) If yes, what kind of exercises were there?

4. Please assess the usefulness of the intervention program that you participated in
   by ticking only one of the following:
   (1) Very Useful ( ) (2) Useful ( ) (3) Neutral ( ) (4) Somewhat Useful ( )
   (5) Not at all Useful ( )

5. If you have found the program useful, please cite specific areas, instances or
   anecdotes where the learning from the Intervention program was successfully
   used and experienced by you.

THANK YOU

Swati Mankad