

Start of Summer Programme Evaluation Form (9+ Years)

Q.1	Project Name					
Q.2	Participant Name					
Q.3	Please indicate for each of the five statements which is closest to how you have been feeling over the last two weeks.					
	All the time	Most of the Time	More than half of the time	Less than half of the time	Some of the time	At no time
	I have felt cheerful and in good spirits					
	I have felt calm and relaxed					
	I have felt active and vigorous					
	I woke up feeling fresh and rested					
	My daily life has been filled with things that interest me					

End of Summer Programme Evaluation Form (9+ Years)

Q.1	Organisation Name					
Q.2	Participant Name					
Q.3	Please indicate for each of the five statements which is closest to how you have been feeling over the last two weeks.					
	All the time	Most of the Time	More than half of the time	Less than half of the time	Some of the time	At no time
I have felt cheerful and in good spirits						
I have felt calm and relaxed						
I have felt active and vigorous						
I woke up feeling fresh and rested						
My daily life has been filled with things that interest me						