

Red Card Workshop Evaluation Form

Please complete the questions below **before** the course begins, then again **after** the course has been completed. Your answers will help us to evaluate and improve on our services, providing us with the most accurate assessment of your experience.

Title of group:

Please circle 1-4 with your answers, 4 being the most knowledge.

BEFORE					AFTER			
1	2	3	4	I have a better understanding of Gambling Addiction.	1	2	3	4
1	2	3	4	I am able to recognise the warning signs of gambling addiction.	1	2	3	4
1	2	3	4	I understand the risk factors which can trigger an addiction.	1	2	3	4
1	2	3	4	I know how addiction impacts on mental health.	1	2	3	4
1	2	3	4	I can make better informed decisions on gambling.	1	2	3	4
1	2	3	4	I understand how PROBLEM gambling can affect others	1	2	3	4
1	2	3	4	I understand that suicide can be linked to gambling addiction.	1	2	3	4
1	2	3	4	I know where to seek help and access support services if needed.	1	2	3	4
1	2	3	4	I know of behaviours associated to a Gambling Addiction.	1	2	3	4
1	2	3	4	I understand the importance of raising awareness of Gambling Addiction/gambling disorder	1	2	3	4

Thank you.