



# Evaluation Form

Please help us judge how helpful the Survival Kit was for you and how we can improve future editions by returning this form to us at:

**ICW, Unit 6, Building 1, Canonbury Yard,  
190a New North Road, London N1 7BJ, UK  
Tel: +44 20 7704 0606 Fax: +44 20 7704 8070  
E-mail: [info@icw.org](mailto:info@icw.org)**

## PART ONE: About the ICW Positive Woman's Survival Kit

### A. Overall, how useful have you found the Survival Kit?

Very useful

Not very useful

Fairly useful

Not at all useful

If you have found it useful, please tell us how.

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If you have **not** found it useful, please suggest ways in which it could be more useful.

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### B. What did you like? What didn't you like? What would you like more information on?

1. The **most** useful section was:

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Please explain why:

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2. The **least** useful section was:

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Please explain why:

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3. I would like more information in the future on:

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## PART TWO: About Yourself

1. Are you a (please tick):

- Woman living with HIV/AIDS?  Man living with HIV/AIDS?  
 Family member of someone living with HIV/AIDS?  
 AIDS Service Organisation/NGO worker  Health worker

Other (please explain):

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2. What country do you live in?

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3. How have you used this Survival Kit? (please tick)

- I read it from beginning to end  
 I read only the sections I was interested in  
 I shared the information with HIV positive women  
 I used it with work with an organisation  
 I copied sections and gave others copies  
 Sections were translated into another language

What language?

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- It was used in a self-help group  
 It was used as part of a training

Other ways you used the Survival Kit:

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4. Name and address is optional (but would be very useful):

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Date completed this form:

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Please return your completed form to:

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**Thank you for taking the time to complete this form.  
ICW truly appreciates it!**