



## Birth Into Being - Postpartum Participant Survey

Thank you for your participation in the workshop. We would love to have your feedback. Answers are optional and kept confidential.

- ❖ Your name: Age:
  - ❖ Contact email: Phone:
  - ❖ Facilitator(s): Location:
  - Assistant(s): Date:
  - ❖ Levels completed?
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Please answer the following questions within the following parameters, from 1 – 10. 1 = poor or low; 10 = rich or high. Mark an X next to your answers.

- ❖ How would you rate your general state of being?  
1    2    3    4    5    6    7    8    9    10
  - ❖ How would you rate your self-esteem?  
1    2    3    4    5    6    7    8    9    10
  - ❖ How would you rate your usual outlook on life? (1 = pessimistic; 10 = optimistic)  
1    2    3    4    5    6    7    8    9    10
  - ❖ How would you rate the quality of your emotional presence?  
1    2    3    4    5    6    7    8    9    10
  - ❖ How would you rate your self-control?  
1    2    3    4    5    6    7    8    9    10
  - ❖ How would you rate your understanding of the impact of your formative period (from conception through early childhood) on your present situation? (1 = not at all; 10 = well understood)  
1    2    3    4    5    6    7    8    9    10
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- ❖ List 5 new activities you'd like to start doing /experience now:
  
  - ❖ List 5 things/experiences you no longer wish to be a part of your life:
  
  - ❖ Is there something you love doing, that you have not done in a while? If yes, what is it?
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- ❖ How was the organization of the workshop? Were you well received? Did you sufficiently understand lodging, meal options, ticket pricing, etc before the event?
- ❖ How was the overall quality of presence of your Facilitator(s)?
- ❖ What did you love the most about what the Facilitator(s) offered?
- ❖ What did you not like about what the Facilitator(s) offered?
- ❖ How was the overall quality of presence of the Assistant(s)?
- ❖ What did you love about what the Assistant(s) offered?
- ❖ What did you not like about what the Assistant(s) offered?
- ❖ Please give us your feedback about your Core Cry (i.e. your facilitator’s quality of presence including their name; was it deeply satisfying for you or could something have been better?):
- ❖ Did you get what you needed from the workshop?
- ❖ Would you recommend Birth Into Being to others?
- ❖ Would you be willing to help us spread the word about Birth Into Being? Please mark with “X.”

Social Media posts	Organize a BIB event in your area
Hold a “Birth As We Know It” film screening	Organize a BIB event in your area
Donate money, frequen miles, energy, work hours etc	Attend another BIB event

- ❖ Anything else you’d like to share?
- ❖ What are your three words right now?

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- ❖ Please give us your testimonial about the workshop that we may use for promotion to help others make a decision to attend a Birth Into Being event.

Be sure to sign up for our Newsletter: [www.birthintobeing.com/newsletter](http://www.birthintobeing.com/newsletter)