

# Session 1 survey

We would like to know how you experienced the training session. Your feedback will help to improve the session for other participants. So please do not hesitate to share any experience you had (including less positive experiences), it will be important for us to learn and improve the training.

\* Indicates required question

Training group number: \*

Your answer

TYM ID: \*

Your answer

Name: \*

Your answer

Overall training questions

Did you like the training?

	1	2	3	4	5	
Not at all	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Very much

Were you able to complete the exercises in this training?

	1	2	3	4	5	
Not at all	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Very much

Do you think the trainer explained the exercises well?

	1	2	3	4	5	
Not at all	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Very much

Do you think you can use what you have learned in your life?

	1	2	3	4	5	
Not at all	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Very much

### Session 1 specific questions

Today you joined a training on learning how to define your goals. These questions are meant to explore your experiences during the training and not to assess your performance or skills, so please answer the following questions openly.

Please write down your life goal:

Your answer

After this training, I am able to set SMART goals.

	1	2	3	4	5	
Strongly disagree	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Strongly agree

Please write down your SMART saving goal:

Your answer

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