

Sewing Repair Hub Intake Questionnaire

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Disclaimer: The purpose of this sewing program is to help each participant learn and develop their sewing skills. The purpose of this questionnaire is to receive key information about you that will help us provide better programming. All information will be kept strictly confidential.

Demographic Questions

1. Today's Date (mm/dd/yyyy) _____
2. Name (First, Last): _____
3. Phone Number or Email: _____
4. Age: 18-30 31-45 46-60 60+
5. Gender: Male Female Non Binary Prefer not to specify
 - a. Are you member of a visible minority group (circle one): Yes No
 - b. Are you a member of a First Nations community (circle one): Yes No
 - c. Do you consider yourself as a person living with:
 - a) A physical disability (circle one): Yes No
 - b) Another form of disability (circle one): Yes No
 - c) If you answered yes to either of the above, please indicate the type of disability:
6. Neighbourhood : _____

General Questions

7. How much sewing experience do you have?
 - a) None
 - b) A Little (i.e. I can thread a machine and I can sew a straight seam)
 - c) Advanced Beginner (i.e. I can sew beginner patterns without much guidance)
 - d) Intermediate (i.e. I can successfully put in zippers, buttonholes, sleeves, etc.)

e) Very Experienced (i.e. I can do anything I want)

8. Do you have a machine of your own or access to a machine so that you can practice away from class? Would drop in hours at Scadding Court be helpful?

- a) Yes, I have a machine
- b) No and I wouldn't be interested in drop in times
- c) No and I would be interested in drop in times

9. What type of projects would you like to do?

- a) Clothing
- b) Crafts
- c) Quilting
- d) Mending
- e) Other:

10. How did you hear about the sewing class? *Friends/ Flyers/ SCCC Staff/ City of Toronto/ advertisement/ others:*

11. What do you hope to learn and/or gain out of this program? Do you have aspirations to start your own business?

12. Any other concerns or information you would like to share?
