

PANDSI SUPPORT GROUP

EVALUATION FORM

At PANDSI we welcome your feedback about groups you have attended.
Your feedback ensures that our continued programs meet your needs.

Please complete this form and return to us.

What group did you attend?

Tuesday Day Support	
Wednesday Day Support	
PUMP	
YES! Yoga	
Thrive	

Which term did you attend?

Term (1, 2, 3 or 4)	Year

What was most helpful in the support sessions?

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Were you happy with the course content? Can you suggest topics you would have liked covered?

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Were there any tools from the support group or exercise that you were able to implement into your life?

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Was the group facilitated professionally?

Yes

No



Any comments about the group facilitator?

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Childcare

Did you use the childcare available? Yes No

If this wasn't available would you still have been able to attend? Yes No

Any comments about childcare?

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Do you think that attending the support group helped ...

	Didn't help at all	A little helpful	Neutral	Quite helpful	Was extremely helpful
... to reduce your feelings of social isolation?	0	1	2	3	4
... you to feel understood and listened to?	0	1	2	3	4
... to reduced your symptoms of anxiety/PND?	0	1	2	3	4
... you to better understand PND and its symptoms?	0	1	2	3	4
...you to identify new ways to deal with symptoms of PND?	0	1	2	3	4
...to lift your spirits (while in attendance)?	0	1	2	3	4

What did you find was of value:	Rating (1 low = not useful, 5 = very useful)					
	1	2	3	4	5	N/A
Check-in						
Topics						
Both						

Do you have any other comments?

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Thank you for your participation and feedback!

