

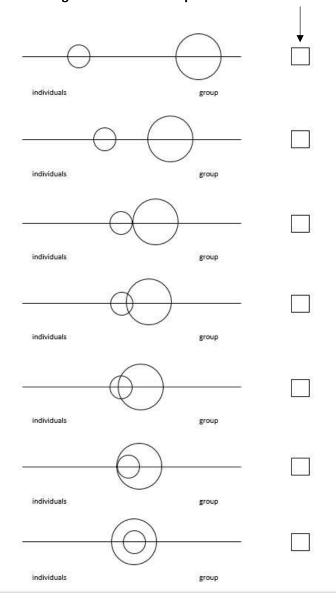
HEALTHY PARENT CARERS WEEKLY PARTICIPANT FEEDBACK FORM FOR GROUP INTERVENTION

GROUP:								
SESSION NUMBER:								
	· · · · · · · · · · · · · · · · · · ·	nink about this session ar d it will help us refine and	-					
Please circle o	<u>one</u>							
1. Overall, h	ow satisfied are you	with today's session?	(please circle one)					
Not satisfied a	t all			Very satisfied				
1	2	3	4	5				
2. Do you fe	el that you were abl	e to take an active par	t in the session? (ple	ease circle one)				
Not at all				Very much				
1	2	3	4	5				
3. Please tel	ll us about the best t	hings in today's sessior	n (e.g. most enjoyed	or most helpful):				
4. Please tel	ll us about the things	that could be improve	ed in today's session	ı:				
l								

5. Which picture best describes how well connected, in general, you felt to the rest of the group today?

For example, the first picture would suggest that you felt very little connection to the rest of the group, whereas the final picture would suggest that you felt very connected to the group.

Please tick the box on the right hand side of the picture that best describes how you felt.



6. How much did you identify with other members of this group? (please circle one)

Not at all				Very much
1	2	3	4	5