



# BEREAVED BY SUICIDE SUPPORT GROUP NT

Instil *Hope* Promote *Healing* Engender *Compassion*

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## FEED BACK FORM

We value your feedback and ask if you can complete this brief evaluation to give us a better insight of what would benefit you from the support group sessions.

Please circle Y or N and add any comments you may wish to make.

1. Where did you hear about the support group?

Facebook    LinkedIn    Website    Twitter    Instagram    Email

2. Do the support sessions meet your expectations?    Y/N

If you wish to make further comment

3. On a scale of 1 to 10, how useful was the support session for you?

1    2    3    4    5    6    7    8    9    10

4. What was the most useful part of the support session for you?

5. Please suggest topics / themes you would like to hear about / have discussions about?

Please List .....

6. Do you wish to make any further comments?

Thankyou for your feedback  
BBSSGNT Team