



Bereaved by Suicide Monthly Support Group Sessions Participant Feedback Form

Thank you in advance for completing this short feedback form. This helps us improve our monthly bereavement support group and meet funding requirements. Your responses are confidential and optional. Only 10 questions and 2 minutes to complete.

Name (optional): _____ Date: _____

1. How did you hear about the support group?

- | | | |
|---|--|--|
| <input type="checkbox"/> Facebook | <input type="checkbox"/> Instagram | <input type="checkbox"/> LinkedIn |
| <input type="checkbox"/> Website | <input type="checkbox"/> Email | <input type="checkbox"/> Friend/Family |
| <input type="checkbox"/> Work Colleague | <input type="checkbox"/> Health Professional | <input type="checkbox"/> Other: _____ |

2. How were you feeling BEFORE the session? (tick all that apply)

- | | | |
|---------------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Anxious | <input type="checkbox"/> Depressed/Low mood | <input type="checkbox"/> Overwhelmed |
| <input type="checkbox"/> Disconnected | <input type="checkbox"/> Sad | <input type="checkbox"/> Unmotivated |
| <input type="checkbox"/> Numb | <input type="checkbox"/> Angry | <input type="checkbox"/> Other: _____ |

3. How are you feeling AFTER the session? (tick all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Calmer | <input type="checkbox"/> More hopeful | <input type="checkbox"/> Less isolated |
| <input type="checkbox"/> More connected | <input type="checkbox"/> Better able to cope | <input type="checkbox"/> Still struggling |
| <input type="checkbox"/> Unsure | <input type="checkbox"/> No change | Other: _____ |

4. How did the session support you today? (tick all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Connection | <input type="checkbox"/> Reduced isolation | <input type="checkbox"/> Safe |
| <input type="checkbox"/> Increased hope | <input type="checkbox"/> Better understanding of where to additional support | <input type="checkbox"/> Felt heard |
| <input type="checkbox"/> Less anxious | <input type="checkbox"/> Less sad | <input type="checkbox"/> Other: _____ Turn over |

5. How would you rate today's session?

Very helpful Helpful A little helpful Not helpful

6. Please rate the following

Item	Slightly Disagree	Disagree	Neutral	Agree	Strongly Agree
Safe and respectful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facilitators supportive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comfortable sharing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room comfort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relevant content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. What was most helpful?

8. What could be improved?

9. Topics for future sessions?

10. Any other additional comments
