

Feedback Form

ADAVIC Support Groups



▶ Please **circle** your responses

Which Support Group is your feedback about?	<i>Altona</i>	<i>Berwick</i>	<i>Camberwell</i>	<i>Coburg</i>
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Your Gender	<i>Male</i>		<i>Female</i>		<i>other</i>
Your Age	<i>18-25</i>	<i>26-35</i>	<i>36-45</i>	<i>46-60</i>	<i>61+</i>
Please rate the following statements ...	<i>Strongly Disagree</i> 1	<i>Disagree</i> 2	<i>Neutral</i> 3	<i>Agree</i> 4	<i>Strongly Agree</i> 5
I feel the group is a safe place to share my experiences	1	2	3	4	5
I feel supported in finding new ways to manage my anxiety and depression	1	2	3	4	5
The facilitators appropriately explained the guidelines and expected behaviours of the group	1	2	3	4	5
The facilitators appropriately regulated group discussions	1	2	3	4	5
There were adequate resources available for me to take home (e.g. flyers, pamphlets, booklets)	1	2	3	4	5
Overall, the group is beneficial to me	1	2	3	4	5

Any comments, ideas, or other feedback?

Thank you!