**Member Feedback Survey**

We would like to know how the peer support group has helped you,   
and ways to improve in the future. Please take a few minutes to give us some feedback. This survey is anonymous so be honest!

**How long have you been a part of this peer support group?**

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|  |

**On average, how many sessions do you attend in a month?**

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|  |

**What do you like about this peer support group?**

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**What do you not like about this peer support group?**

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**What can we improve?**

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**Do you have any feedback for the facilitators, and other volunteers who help run this group?**

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|  |

**What other topics should we cover during our meetings?**

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**Do you have any general comments?**

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|  |

**Overall, are you satisfied with this peer support group?**

* Satisfied
* Neither satisfied nor dissatisfied
* Dissatisfied

**For each of the following statements, choose one option.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Strongly Agree** | **Agree** | **Neutral** | **Disagree** | **Strongly Disagree** |
| I feel welcome in this group. |  |  |  |  |  |
| I have found the help I need in this group. |  |  |  |  |  |
| I feel more confident to live with my stroke because of this group. |  |  |  |  |  |
| I feel more socially connected because of this group. |  |  |  |  |  |
| I have noticed positive changes to my health/wellbeing because of this group. |  |  |  |  |  |
| I am more informed about ways to manage my health because of this group. |  |  |  |  |  |
| Having guest speakers has been helpful. |  |  |  |  |  |
| I feel like I have provided support to other members in the group. |  |  |  |  |  |
| The group facilitators are managing the discussions well. |  |  |  |  |  |

**Date Completed**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Thank you!**