

Anxiety Support Group Evaluation

Your feedback is greatly appreciated and is used to better plan WayAhead's future activities and to secure the funding that allows us to continue to operate these groups free of charge.

1 **What is your gender?** _____

2 **What is your relation to the person experiencing anxiety?** _____

3 **Did this person attend today's support group?** Yes No

4 **Which types of anxiety is this person experiencing?** (eg. agoraphobia, obsessive compulsive disorder, etc)

5 **How did you hear about this support group?**

- WayAhead website Facebook Doctor / health worker
 Word of mouth Newspaper Other? _____

6 **What were your purposes for attending today's support group and were they achieved?**

- | | Yes | No | Partly |
|--|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> To learn more about anxiety disorders | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> To get advice on how to respond to a person with anxiety | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> To interact with people who understand the impacts of anxiety | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> To enable someone with anxiety to attend the support group | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Other? _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

7 **How long have you been attending this support group?**

- First time 2 to 3 months 4 to 12 months More than 1 year

8 **Do you intend to return to this support group?** Yes No

9 **Do you have any comments regarding this support group or suggestions for improvements?**

10 **Please leave your name and contact details (phone number or email address) if you would be happy to be contacted to further assist with our evaluation processes.**

(WayAhead respects your privacy. No personal identifying information will be shared outside of the support group program.)