

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 **Which types of anxiety are you experiencing?** (eg. agoraphobia, obsessive compulsive disorder, etc)

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

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

4 **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 learn coping strategies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> To interact with people who understand what I am going through	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

6 **How would you rate your anxiety levels prior to attending this group for the first time?**
(please circle a number on the scale)

1	2	3	4	5	6	7	8	9	10
(Mild)		(Moderate)		(Severe)		(Very Severe)		(Incapacitating)	

7 **How would you rate your anxiety levels now?** (please circle a number on the scale)

1	2	3	4	5	6	7	8	9	10
(Mild)		(Moderate)		(Severe)		(Very Severe)		(Incapacitating)	

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.)