**DBSA Support Group Participant Feedback Survey**

*Help us to make our support group even better! Please complete the following survey so that we can learn how to better serve you, our sponsoring chapter and our community.*

Date:

Support Group Name:

Is the location of the group convenient for you?

|  |  |
| --- | --- |
| Yes | No |

Your comments:

Are the day and time of the support group meetings convenient for you?

|  |  |
| --- | --- |
| Yes | No |

Your comments:

How many times have you attended this support group?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| This is my first time. | 2-3 times | 4-6 times | Regular attendee less than a year | Regular attendee more than a year |

Please rate the following statements based on your experience with THIS support group:

*I feel welcome in the group.*

|  |  |  |  |
| --- | --- | --- | --- |
| All the time | Most of the time | Sometimes | Never |

Your comments:

*I get the chance to share with the group.*

|  |  |  |  |
| --- | --- | --- | --- |
| All the time | Most of the time | Sometimes | Never |

Your comments:

*I feel safe sharing sensitive information with the group.*

|  |  |  |  |
| --- | --- | --- | --- |
| All the time | Most of the time | Sometimes | Never |

Your comments:

*I feel like my opinion and comments are respected during the group meeting.*

|  |  |  |  |
| --- | --- | --- | --- |
| All the time | Most of the time | Sometimes | Never |

Your comments:

*After the support group, I feel more hopeful about living with a mood disorder*

|  |  |  |  |
| --- | --- | --- | --- |
| All the time | Most of the time | Sometimes | Never |

Your comments:

*I learn new strategies and information for living with a mood disorder.*

|  |  |  |  |
| --- | --- | --- | --- |
| All the time | Most of the time | Sometimes | Never |

Your comments:

General feedback:

*Thank you for taking the time to provide us with your input! We appreciate it very much and hope to see you at our next meeting!*