

**HEARING VOICES GROUP EVALUATION**      Date:   /   /   /

Please circle yes or no and add any further comments you wish to make

1) Did you want to attend the Group?                      Yes              No

2) Are you glad you did?                                      Yes              No

3) Were there any ways in which you found  
the group unhelpful    Yes              No

If YES please specify \_\_\_\_\_  
\_\_\_\_\_

4) In what way do you think the Group could be improved?  
(eg change in content, different teaching methods, shorter or longer course etc)

\_\_\_\_\_  
\_\_\_\_\_

5) Are there any areas that you wish had been covered in this Group that were not included?

\_\_\_\_\_  
\_\_\_\_\_

6) Which aspects of the group have you found most useful?

1) \_\_\_\_\_ (most useful)

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

5) \_\_\_\_\_

6) \_\_\_\_\_ (least useful)

7) Please describe any difficulties you might have in putting the ideas you have learnt in the group into practice

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**8) What practical difficulties (if any) have arisen for you in attending this group?**

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**Overall comments**

**Thank you for your co-operation. Replies can be anonymous if you wish**