HEARING VOICES GROUP EVALUATION

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

Overall comments

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