

## ***Foundations: End of group feedback***

### **Tell us about your experience...**

To help us to improve our service and support for men, we would appreciate your feedback.

Name (*optional*):

Date:

1. Overall, how would you rate the usefulness of the *Foundations* group program? *Please circle:*

1	2	3	4	5
Poor	Below average	Average	Good	Excellent

2. Which of the following topics were most helpful?

- |   |   |
|---|---|
| <input type="checkbox"/> Wellbeing & self care                    | <input type="checkbox"/> Expressing emotions              |
| <input type="checkbox"/> Understanding trauma and effects         | <input type="checkbox"/> Relationships & trust            |
| <input type="checkbox"/> Masculinity, and ideas about being a man | <input type="checkbox"/> Intimacy & sexuality             |
| <input type="checkbox"/> Disclosure                               | <input type="checkbox"/> Justice, revenge, and getting on |
| <input type="checkbox"/> Silence & secrecy                        | <input type="checkbox"/> Valued living, SMART goals       |
| <input type="checkbox"/> Shame & guilt                            | <input type="checkbox"/> Other                            |

3. Are there any additional topics you wished the group had covered, or particular topics that you did not find useful?

4. What has the group helped you to achieve or better cope with in your life?

5. How would you rate the facilitation of the group?

1	2	3	4	5
Poor	Below average	Average	Good	Excellent

6. How might the group facilitation be improved?

7. What would you say to a man who is considering participating in the group?

8. Do you have any suggestions that would help us improve the *Foundations* group program?

***Thank you for taking the time to complete this form and to assist us to improve our service.***