

Member Feedback Survey

We would like to know how the peer support group has helped you, and ways to improve in the future. Please take a few minutes to give us some feedback. This survey is anonymous so be honest!

How long have you been a part of this peer support group?

On average, how many sessions do you attend in a month?

What do you like about this peer support group?

What do you not like about this peer support group?

What can we improve?

Do you have any feedback for the facilitators, and other volunteers who help run this group?

What other topics should we cover during our meetings?

Do you have any general comments?

Overall, are you satisfied with this peer support group?

- Satisfied
- Neither satisfied nor dissatisfied
- Dissatisfied

For each of the following statements, choose one option.

| | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|---|-----------------------|--------------|----------------|-----------------|--------------------------|
| I feel welcome in this group. | | | | | |
| I have found the help I need in this group. | | | | | |
| I feel more confident to live with my stroke because of this group. | | | | | |
| I feel more socially connected because of this group. | | | | | |
| I have noticed positive changes to my health/wellbeing because of this group. | | | | | |
| I am more informed about ways to manage my health because of this group. | | | | | |
| Having guest speakers has been helpful. | | | | | |
| I feel like I have provided support to other members in the group. | | | | | |
| The group facilitators are managing the discussions well. | | | | | |

Date Completed: _____

Thank you!