|  |
| --- |
| **Support Group Evaluation**  |

**Breathers’ Support Group Survey**

Welcome to our short survey about your Breathers’ support group experience. We are hoping that your feedback will help us improve our service and help illustrate the importance of our volunteer run groups for people living with respiratory problems

Top of Form

**1. Are you a member of other respiratory or patient or community health groups?**

Bottom of Form

Other (please specify)



**2. Who is the person with respiratory difficulty? (tick all that apply)**

Yourself

Your partner

**3. Which breathers’ support group did you attend?**



**4. What were your main reasons for attending? (please tick all that apply)**

Support for me

Support for my partner

Newly diagnosed or treatment newly changed

To increase my knowledge

No other local support

Social aspect

Other (please specify)



**5. Was this your first breathers’ support group meeting?**

Yes

No

**6. How did you hear about the group?**

Family

Friend

Local press

Poster

Social media

GP/clinic /respiratory nurse

Host of group

Other (please specify)



**7. Where did you get support/help from locally prior to attending the support group?**



**8. Has attending the group had a positive effect on any of the following (please tick all that apply)**

Wellbeing

Confidence

Feelings of isolation

Understanding of breathlessness

Coping with day to day challenges

Dealing with your GP/ clinic

Stress levels

Ability to support other breathless individuals

Self esteem

Other (please specify)



**9. Do you think the group is useful for non breathless people?**

Yes

No

**10. What would you say were the most useful aspects of the group to you personally? (please tick all that apply)**

Support network for me

To feel connected

To meet others with similar conditions

To share information

Listen to guest speakers

Respite

The group host

Free to attend

Local to where I live

To increase my knowledge

To better understand breathing management

To get practical advice

To help educate others

Other (please specify)



**11. Have you met, or intend to meet up, with other attendees outside the group on a social basis?**

Yes

No

**12. How would you rate**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Very positive | Slightly positive | Slightly negative | Very negative |
| Overall experience of the group |  |  |  |  |
| Content of the group discussion |  |  |  |  |
| Venue/location and accessibility |  |  |  |  |
| Group host |  |  |  |  |
| Information/resources available |  |  |  |  |
| Length of group meeting |  |  |  |  |
| Frequency of group meetings |  |  |  |  |

**13. What, if anything, do you feel would enhance the group?**



**14. Would you recommend the group to others?**

Yes

No

If no please tell us why 

**15. Are you likely to attend future group meetings?**

Yes

No

If no, please tell us why 

**16. Any other comments?**



**17. If the group you attended no longer exists and you would like details of the one nearest to you, or you would like to set up a group in your local area please complete your name and email address below and we will get back to you**

Name 

Email Address

Thank you for completing the survey. Your feedback is important to us

Top of Form

Bottom of Form