



## NRCIL Satisfaction Survey Support Groups

We appreciate and thank you for taking the time to answer these questions. All information will be kept confidential and **purely voluntary**. Your feedback is important to us and will be used in our efforts to improve the programs and services at Northern Regional Center for Independent Living.

Name of Support Group \_\_\_\_\_ Date: \_\_\_\_\_

Staff Facilitator: \_\_\_\_\_

Please Rate these question from 1-5 (with 1 meaning you received poor service and 5 meaning you received excellent service.)

# 1      #2      #3      #4      #5

How would you rate this support group?					
Did you feel comfortable attending this group?					
Did you feel the group met your needs?					
Would you recommend this group to anyone?					
Did you learn new ideas on how to cope?					
Did you feel your concerns and issues were addressed?					
Would you be likely to attend another group if offered?					
Do you feel you received the coping skills to move forward?					
Have you met anyone new while attending this Support Group?      Check YES      or      NO					

Please add any comments:

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