



CHI Parent Education Support Group Questionnaire

Names: _____ Date/Topic: _____

Phone: (____) _____ Can we text you? Yes No

E-Mail: _____

Age(s) of Children: _____ Gender(s): _____

Relationship to child (ren): _____

Primary reasons for wanting to participate in this group: _____

Any suggestions for future topics: _____

How did you first learn about the group? _____

Would you like to have us follow-up with you after tonight's session? Yes or No

Please take a moment to provide us feedback on today's group. We look forward to hearing your feedback.

	Very	Somewhat	Not at all	
How comfortable and inviting was the environment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you feel as if you benefited from attending this group?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were the topics relatable to your life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you likely to return in the future for additional meetings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were the leaders knowledgeable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were the leaders approachable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

