

Georgia Peer Support and Wellness Center Feedback Form

Revised July 1, 2012

Please give us your opinions and impressions of your time spent at the Peer Support and Wellness Center. **All answers are anonymous.**

Date _____ First time completing this form? Yes ___ No ___

Birthdate ___/___/___ County of Residence _____

What services did you use? *Respite* __ *Wellness Activities* __ *Warm Line* __ *Computers*__

How many days did you spend in respite at the Peer Support and Wellness Center?__

Before coming to the Peer Support and Wellness Center, how many times had you been in a psychiatric hospital? _____

Since coming to the Peer Support and Wellness Center, how many times have you been in a psychiatric hospital? _____

Has the Peer Support and Wellness Center prevented a psychiatric hospitalization for you?

Yes___ No___ Possibly___

Will you tell us more about this?

How would you compare respite to hospitalization?

What would you have done if you had not contacted us for respite?

Do you have any additional comments, impressions, or opinions?

(Optional)

<p>I am (check one):</p> <p><input type="checkbox"/> African American</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Caucasian</p> <p><input type="checkbox"/> American Indian/Alaskan Native</p> <p><input type="checkbox"/> Multiracial</p> <p><input type="checkbox"/> Other (please specify)</p> <p>_____</p> <p>Ethnicity:</p> <p><input type="checkbox"/> Hispanic <input type="checkbox"/> Non Hispanic</p>	<p>What is the highest level of education you have achieved (check one)?:</p> <p><input type="checkbox"/> High School Grad/GED</p> <p><input type="checkbox"/> Some College</p> <p><input type="checkbox"/> College Graduate</p> <p><input type="checkbox"/> Post Graduate Degree (Masters, MD, PhD)</p> <p>Gender</p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female</p>
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The Peer Support and Wellness Center is a project of the Georgia Mental Health Consumer Network in partnership with and funded through the Georgia Department of Behavioral Health and Developmental Disabilities