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?

__________________________________________________________________________
Please check all that apply. I am:
currently employed_____  want to be employed ____  seeking employment____
in supported employment____  actively interviewing for employment____

Which part of the Wellness Center did you like the best?
________________________________________________________________________________________

Which part of the Wellness Center did you like the least?
________________________________________________________________________________________

1. How effective were the activities toward reaching your personal recovery goals?

   [ ] Excellent  [ ] Good  [ ] Fair  [ ] Poor

2. How well did peer staff interact with you?

   [ ] Excellent  [ ] Good  [ ] Fair  [ ] Poor

What can we do to improve the Peer Support and Wellness Center?
________________________________________________________________________________________

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

____________________________________________________________________

____________________________________________________________________

(Optional)

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<tr>
<th>I am (check one):</th>
<th>What is the highest level of education you have achieved (check one)?:</th>
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<tbody>
<tr>
<td>___African American</td>
<td>___High School Grad/GED</td>
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<tr>
<td>___Asian</td>
<td>___Some College</td>
</tr>
<tr>
<td>___Caucasian</td>
<td>___College Graduate</td>
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<tr>
<td>___American Indian/Alaskan Native</td>
<td>___Post Graduate Degree</td>
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<tr>
<td>___Multiracial</td>
<td>(Masters, MD, PhD)</td>
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<td>___Other (please specify)</td>
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<td></td>
<td>Gender</td>
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<td>___Male ___Female</td>
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<td>Ethnicity:</td>
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<td>___Hispanic ___Non Hispanic</td>
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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