



ANXIETY RESOURCE CENTER

## Satisfaction Survey

*Please take a few moments and share your thoughts regarding our Center. Your feedback is very valuable to us.*

### SUPPORT GROUPS

Roughly how long have you attended the Center? \_\_\_\_\_

Were you attending support groups at the Center prior to April 2011 when our groups became professionally facilitated? YES NO

If so, have you found your experience any different being in a group facilitated by a professional? YES NO

If you answered yes, please explain how you feel it is different:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please note names of facilitators that you've attended group with: (Alan, Barbara, Dana, Jessi, Katie, Virginia)

\_\_\_\_\_

Please share any feedback you can regarding specific facilitators:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are facilitators helpful in making you feel comfortable? YES NO

Are facilitators helpful in keeping people to their time? YES NO

Do you feel there is enough time to talk during group? YES NO

Is goal setting during group helpful to you? YES NO

If so, would you like to see this continue? YES NO

Do you like when the facilitators shares articles, videos, or activities? What format do you prefer? What suggestions can you offer?

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Do you prefer the open space (upstairs) or being around the table (downstairs)?

UPSTAIRS      DOWN

Additional feedback on space:

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### **THE CENTER IN YOUR LIFE**

How important is the Center in your life?

*Scale: 1 - minimally valuable, 5 – extremely valuable*

1                      2                      3                      4                      5                      (please circle)

Please help us understand what brings you come to group and how the Center helps you. Please provide specific examples.

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Is there anything you'd change?

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What would you tell someone who's anxious to come for the first time?

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Would you attend an afternoon support group session if one was offered?

YES                      NO

### **SOCIAL OUTINGS**

Have you attended a social outing group?

YES                      NO

If you answered yes, approximately how many groups have you attended? \_\_\_\_\_

Groups typically meet on the 3<sup>rd</sup> Tuesday and 4<sup>th</sup> Saturdays of each month. Is there a time that you prefer on these days? (circle all that apply)

Tuesday morning

Tuesday afternoon

Tuesday evening

Saturday morning

Saturday afternoon

Saturday evening

Do you prefer events held at the ARC?

YES

NO

Do you prefer going out into the community?

YES

NO

Do you have financial limitations for outings?

YES

NO

Do you have social outing ideas for the coming year?

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How have social outings helped you?

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Do you have additional suggestions/thoughts regarding outings?

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*If you would be willing to share your comments, please provide your first name only. These comments may be used in our marketing materials to help others understand how the Center may help them. **Your support is appreciated!***

First Name: \_\_\_\_\_