Participant Satisfaction Survey

Now, we’re going to ask you a few questions about The PeerSupport Wellness Program. Your answers to these questions do not affect your involvement in PeerSupport.

Program components:

* Program topics (diet, physical activity, sleep, stress, social support, etc)
* Group activities (icebreakers, written exercises, group games, etc)
* Topic experts
* Physical activity (videos)

Would you say you: strongly agree; somewhat agree; neither agree nor disagree; somewhat disagree; or strongly disagree to the following statements:

1. It is easy to understand the program materials.

* Strongly agree
* Agree
* Disagree
* Strongly disagree
* Don’t know/not sure

1. In general, the activities that we participated in were clear.

* Strongly agree
* Agree
* Disagree
* Strongly disagree
* Don’t know/not sure

1. The group sessions gave me ideas that were easy to work into my life.

* Strongly agree
* Agree
* Disagree
* Strongly disagree
* Don’t know/not sure

1. I felt confident that I could [e.g., follow the recommendations made during the weekly sessions]….

* Strongly agree
* Agree
* Disagree
* Strongly disagree
* Don’t know/not sure

1. The weekly action plans helped me reach my goals.

* Strongly agree
* Agree
* Disagree
* Strongly disagree
* Don’t know/ Not sure

1. Overall, I enjoyed coming to the group meetings.

* Strongly agree
* Agree
* Disagree
* Strongly disagree
* Don’t know/ Not sure

I felt that the peer leaders:

7. Understood the struggles I’m having with my health

* Strongly agree
* Agree
* Disagree
* Strongly disagree
* Don’t know/not sure

8. Helped me reach my personal health and fitness goals

* Strongly agree
* Agree
* Disagree
* Strongly disagree
* Don’t know/not sure

9. Were able to give me good ideas that worked with my life

* Strongly agree
* Agree
* Disagree
* Strongly disagree
* Don’t know/not sure

10. Listened to my feedback

* Strongly agree
* Agree
* Disagree
* Strongly disagree
* Don’t know/not sure

For this next question, please mark how important each item is to you, from Not At All Important to Very Important:

11. How important are each of the following PeerSupport Wellness Program components to you?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Component** | **Not at all important** | **Somewhat important** | **Very important** | **Don’t know/not sure** |
| The in-person meetings |  |  |  |  |
| The peer leaders |  |  |  |  |
| My topic experts |  |  |  |  |
| The other participants |  |  |  |  |
| Setting health goals just for me |  |  |  |  |
| Group activities |  |  |  |  |
| Written exercises (action plans, goal setting, problem solving) |  |  |  |  |