**Birth Support Group Evaluation**

The following information helps us to improve our services and also helps us to gather information to support us in apply for funding to continue supporting mums. It also gives you a chance to think about the changes which you may have made in your life.

**Since you started coming to Birth Support Group, has there been a change to:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Less |  | Same |  | More |
| How physically fit and well you feel? | 1 | 2 | 3 | 4 | 5 |
| Your energy levels? | 1 | 2 | 3 | 4 | 5 |
| How confident you feel? | 1 | 2 | 3 | 4 | 5 |
| How well you cope with or manage your emotions? | 1 | 2 | 3 | 4 | 5 |
| How you manage the intensity of your conflicts/disagreements? | 1 | 2 | 3 | 4 | 5 |
| How well you are able to communicate with others? | 1 | 2 | 3 | 4 | 5 |
| How well you relate with other people? | 1 | 2 | 3 | 4 | 5 |
| How connected you feel to people around you? | 1 | 2 | 3 | 4 | 5 |
| The amount of motivation you have to do things? | 1 | 2 | 3 | 4 | 5 |
| How much enjoyment or fun you get out of life? | 1 | 2 | 3 | 4 | 5 |

What changes have you noticed in your life? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What changes have you made in your life? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Since attending Birth Support Group…**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Do you think you: | Not at all |  | Some |  | Much more |
| Understand the needs of your baby? | **1** | **2** | **3** | **4** | **5** |
| Have skills and strategies for coping in labour? | **1** | **2** | **3** | **4** | **5** |
| Have skills and strategies for caring for your baby? | **1** | **2** | **3** | **4** | **5** |
| Have developed confidence to care for your baby? | **1** | **2** | **3** | **4** | **5** |

If there has been a change, can you describe what that is? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Thinking about Birth Support Group:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Not at all |  | Okay |  | Very much |
| I felt the facilitators listened to me | **1** | **2** | **3** | **4** | **5** |
| I felt supported by the facilitators | **1** | **2** | **3** | **4** | **5** |
| BSG helped me develop new ideas, skills and strategies | **1** | **2** | **3** | **4** | **5** |
| Did you find the input from the other members helpful? | **1** | **2** | **3** | **4** | **5** |
| Would you recommend BSG to others? | **1** | **2** | **3** | **4** | **5** |

Are there any other comments about BSG or the facilitators you would like to make? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What did you enjoy most about Birth Support Group?

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

What would you change about Birth Support Group?

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

I give permission for my unnamed comments to be used to help develop Catholic Social Services programmes. **Yes / No**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed \_\_\_\_\_\_\_\_\_\_\_ Date

Thank you for your time completing this evaluation.