

tHrIve feedback form

Tell us what's working well and what we could improve

Thank you for your feedback. You do not need to give your name unless you would like a follow-up.

Date: _____

Meeting / session: _____

How did you hear about tHrIve? Clinic team Friend / word of mouth Website Social media
 Other: _____

How welcomed did you feel? Very welcomed Mostly welcomed Not sure A bit uncomfortable
 Uncomfortable

What worked well for you today?

Was there anything that did not work so well?

Did you feel respected and listened to? Yes Mostly Not sure No

Did the meeting / session feel confidential and safe? Yes Mostly Not sure No

Was the information and support clear and helpful? Yes Mostly Not sure No

What would you like more support with?

Peer support group One-to-one mentoring Trusted information Emotional support Talking about diagnosis
 Treatment / medication Relationships / disclosure Other: _____

Any suggestions for future meetings, topics or improvements?

Would you like someone from tHrIve to contact you? No Yes

If yes, please add your name and preferred contact details:

Name: _____

Phone / email: _____