
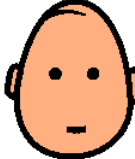


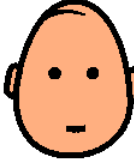




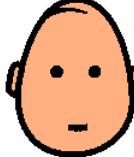

Was it easy for you to understand what Shannon and Jenni were saying?

Easy	OK	Hard
		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>


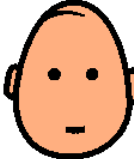

Was it east for you to join in with the group work?

Easy	OK	Hard
		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>


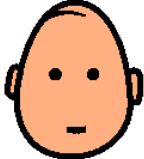

I understood what I was meant to do in the activities?

Yes	Not sure	No
		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>


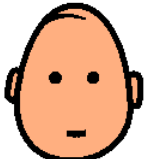

I felt I could ask Shannon and Jenni questions?

Yes	Not sure	No
		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>


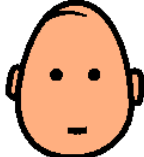

Was the room accessible?

	Yes	Not sure	No
Please Tick			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>


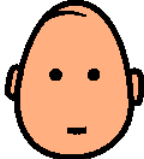

Did you have all the equipment needed to do the session?

	yes	Not sure	No
Please tick			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>


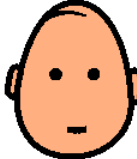

Did you feel the room was private?

	Yes	Not sure	No
Please tick			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>


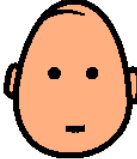

Did you feel the area supported your needs ie toilets/drinks?

	Yes	Not sure	No
Please tick			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>


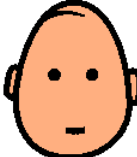

Did you feel comfortable with other members?

Yes	Not sure	No
		
Please Tick <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>


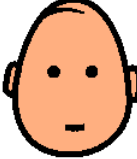

Did you feel the group was small enough?

yes	Not sure	No
		
Please tick <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Did you feel people in the group respected what you said?

Yes	Not sure	No
		
Please tick <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Did you feel Valued in the group?

Yes	Not sure	No
		
Please tick <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

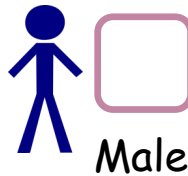
Anything else you want to tell us?

Your Name

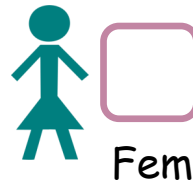
Your Age



Your Gender



Male



Female

Thank you for
your help!