Feedback form Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We appreciate your time in helping us improve the Just Listening service by completing this feedback form.

1. **Did you find the session helpful?**
* Extremely helpful
* Very helpful
* Somewhat helpful
* Not so helpful
* Not at all helpful
1. **Would you use this service again?**
* Very likely
* Likely
* Neither likely nor unlikely
* Unlikely
* Very unlikely
1. **If we weren’t available, where would you have gone?**
* Hospital emergency department
* GP
* Other health or mental health services
* Emergency phone or internet chat service
* Sought help from friends and /or family.
* Nowhere
* Other (please specify)
1. **If there was something you could suggest improving the service, what would it be?**
2. **Any other comments or feedback you would like to give?**