

The SEJ User Research Questions

Location of the SEJ Service Provider: _____

Date: _____

Thank you for using the SEJ self-help services. We wish to ask for your feedback to evaluate the impact of our services so we can improve our provision. Please answer each question as honestly as possible. ALL ANSWERS CAN BE ANONYMOUS IT IS YOUR CHOICE.

- 1. What SEJ service(s)/event did you attend? _____
- 2. Was the service/event online, on-demand or in person? _____
- 3. Do you feel empowered after using the service/event Please circle Yes/ No
- 4. If yes, please specify in what way the services helped you. If they did not, then please provide feedback.

- 5. How many sessions did you attend before this issue was resolved? _____
- 6. Please evaluate your feelings prior to and following your service regarding your reason for attending.

Before

1 2 3 4 5 6
Unhappy _____ Happy

After

1 2 3 4 5 6
Unhappy _____ Happy

- 7. Would you recommend the SEJ services? Please circle Yes/No
- 8. Do you feel it was value for money? Please circle Yes/No
- 9. Did you receive a partial or fully funded service through the Stay Mentally Healthy initiative?
Please circle Yes/No
- 10. Have you had any therapy before for the issue presented? Please circle Yes/No
 - a. If yes, did it work? Please circle Yes/No
 - b. What therapy was it? _____
 - c. How many therapy sessions did you attend? _____
- 11. Do you prefer to use self-help services like those offered at the SEJ? Please circle Yes/No
- 12. If you received a Wellbeing Assessment and Plan was it of value? If so how?

- 13. Did you access any self-help services from like-minded organisations e.g. Isha yoga as part of your Wellbeing Plan? Please circle Yes/No.
If you answered yes, please add details such as dates and services here, how did you find it beneficial?

14. How did the SEJ services help in meeting your goal (as noted in your Wellbeing Plan or 1-1 appointment?)

15. Would you consider volunteering for the SEJ organisation? Please circle Yes/No

16. Would you consider training opportunities as someone with a lived experience, to train as a SEJ Consultant or SEJ Trainer? Please circle Yes/No

17. We have a vibrant, engaging and inclusive digital community for ongoing support as well as peer support would you like to join this group? Please circle Yes/No

18. Can we contact you in 6 months to complete a short second questionnaire, this would help us to monitor the long term benefits of our service? Please circle Yes/No

If yes we need your contact information:

Name _____ Email: _____

19. If you are happy with the services, we would be grateful for your testimonial (please write here or on the back of this form).

20. Can we attach your name and location (e.g. Bridgnorth) to the testimonial, if so please put your name and location here: _____

21. Testimonials may be used for advertising purposes including leaflets, social media, websites, promotions. Are you happy for us to use your testimonial and name/address (if given) in our advertising? Please circle Yes/No

N.B. Please use the back of this form to add further information and your testimonial too. Thank you for your support.