

Pen Pals session feedback form

Do you have a minute? Your feedback helps us improve our sessions.

Thanks for taking the time to let us know your thoughts. If you prefer, you can fill this form out online at penpals.site/feedback

1. Which session is this feedback about?

Saturday 20th April (in-person)

2. How were you feeling before the session, and how do you feel afterwards?

3. Did this session meet your expectations?

4. Was there anything extra you got from it you didn't expect?

5. What were you expecting that didn't happen?

6. What was your favourite part of the session?

7. Did you feel like it was made clear how to participate?

8. Did you feel welcome and included?

9. What could we have done better?

10. Would you recommend Pen Pals to a friend?

Yes

No

11. Why / why not?

12. If you wanted to recommend Pen Pals, what would you say?

13. Do you have any other feedback for Pen Pals we can take into consideration when planning future sessions?

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The impact of Pen Pals on your wellbeing

As one of our goals is to improve wellbeing in our community, we'd like to understand the impact that this Pen Pals session has had on you.

This project has been supported by the Communities Mental Health and Wellbeing Fund for Adults through Fife Voluntary action and Scottish Government. We are required to tell our funders a little and objectives and using the money well. We do not routinely share personal data with Fife Voluntary Action, but for the purposes of the Fund we will share anonymised or redacted data and we may provide limited, controlled access to Fife Voluntary Action solely for the purpose of verifying project activity and client eligibility as part of Fife Voluntary Action's commitment to following the public pound and being accountable for public monies.

The following questions are based on the Warwick-Edinburgh Mental Wellbeing Scale.

Over the page are some statements about feelings and thoughts. Please tick the box that best describes your experience of each over the last 2 weeks.

	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been feeling useful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been feeling relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been feeling interested in other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've had energy to spare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been dealing with problems well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been thinking clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been feeling good about myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been feeling close to other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been feeling confident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been able to make up my own mind about things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been feeling loved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been interested in new things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I've been feeling cheerful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>