

SEREN Group session evaluation: Family questionnaire

Thank you for attending and contributing to the SEREN session. Your opinion is important to us as it helps us understand what worked well, and what didn't work so well, so that we can make improvements to future SEREN sessions.

Please complete all 10 questions, ticking one answer per question ✓

1. Which SEREN session did you attend?

- ☐ Moving to year 7
- ☐ SEREN Active
- ☐ SEREN Pumps

2. Which staff delivered your session? (tick more than one if needed)

- ☐ Paediatric diabetes specialist nurse
- ☐ Dietitian
- ☐ Psychologist
- ☐ Someone else

Job role or name:

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3. Did you find the resources and activities useful?

- ☐ Yes, very useful
- ☐ Some of them
- ☐ No

4. Were you encouraged to have discussions within the group?

- ☐ Yes
- ☐ Sometimes
- ☐ No

5. Did you find the group discussions valuable?

- ☐ Yes
- ☐ Sometimes
- ☐ No

6. Did you feel that the session was delivered at the right pace for you?

- ☐ Yes, all the sessions
- ☐ Some of them
- ☐ No

7. Write down two things, from the session, that you learned about managing Type 1 diabetes.

- i.
-
- ii.
-

8. How would you rate the length of the session?

☐ Too long ☐ Just right ☐ Too short

9. Did attending this session help you feel more confident to manage your child's Type 1 diabetes?

☐ Yes ☐ I don't know ☐ No

10. Do you have any ideas to help us improve this session for the future, or anything else you want us to know?

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Thank you for completing this form. Please give it to a member of staff before you leave

To be completed by a member of staff:

Session date:

Diabetes team/health board.....

Please return the completed questionnaires to the SEREN administrator