

Peer Support Group

Pre-evaluation Questionnaire



We encourage you to take some time to fill in this pre-evaluation questionnaire, which will remain completely confidential. The purpose of the questionnaire is to help us gain information about your caring role, interests and how we can ensure you gain the most out of the group.

Name: _____ **Date:** _____

Age: _____ **Year Level:** _____

1. Are you registered as a member with Young Carers at Carers WA?

- Yes No Unsure

2. Would you like to be in touch with the Young Carers team at Carers WA to stay in touch about activities/events or share how you feel when things come up?

- Yes No Unsure

3. Briefly tell us about your caring role.

4. Why would you like to be a part of a support group?

5. How often in a term would you like to meet with the support group?

6. Name 3 skills/outcomes you would like to gain from being in a peer support group eg. friendships

- 1) _____
2) _____
3) _____

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7. How often do you take time out of your caring role for yourself, for the following reasons? Please circle.

For study	Daily	Several times a week	Once a week	Once a fortnight	Once a month	Never
For work	Daily	Several times a week	Once a week	Once a fortnight	Once a month	Never
Socialising	Daily	Several times a week	Once a week	Once a fortnight	Once a month	Never
Hobbies	Daily	Several times a week	Once a week	Once a fortnight	Once a month	Never
Relaxing	Daily	Several times a week	Once a week	Once a fortnight	Once a month	Never

8. The peer support group is designed to provide a safe space for young carers to have fun/take a break from your caring role, discuss young carer topics and meet peers who may be able to relate to and share similar emotions. Please tick the topics that you would be interested in learning/discussing in the group.

- Building confidence
- Improving communication skills
- Coping with stress and building resilience
- Learn how to self-regulate your emotions
- Learn about self-care and techniques
- Careers and future employment- how to get there
- Social media and bullying
- Drugs and alcohol - how to avoid/cut down and be safe
- Sexual and reproductive health issues
- How to access support to help you in your caring role - breaks, financial help etc.
- Other (please state) _____

9. Please tick any activities you would like to do in the peer support group catch ups.

- Arts and crafts
- Mindfulness activities eg. meditation or yoga
- Board games
- Team building and upskilling games
- Sports
- Other (please state) _____