Appendix A

**Child and Adolescent Mental Health Services (CAMHS)**

**Psychology Services**

DBT Group Therapy

Adolescent feedback form

Date : \_\_\_\_\_\_\_\_\_\_\_\_ Week : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for attending the DBT group, the feedback form is a way to improve the group support. Please note the data entered here is confidential. Kindly fill the feedback form.

1. How would you rate the usefulness of the group?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Poor | Not useful | Useful  | Very useful  | Excellent |

|  |
| --- |
|  |

1. What skills from the group did you find beneficial?
2. Do you feel your quality of life improved since participating in DBT group?
* Yes, significantly
* Yes, moderately
* Yes, slightly
* No difference
* Not at all
* Not sure

#### What do you like about the group session today?

|  |
| --- |
|  |

#### What changes or recommendations would you have for group?

|  |
| --- |
|  |

1. Please add any additional remarks or suggestion

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| --- |
|  |

 Thank you for your feedback 😊