



How Are We Doing? Family & Whanau Feedback from

Kia Ora.

You do not need to give us your name unless you wish to, but completing the following information will help us to understand how and where we can improve our services.

Which District Health Board do you live in? Please tick

Northland Waitemata Auckland Counties Manukau

How long have you been accessing SFMI services? Please tick

0 - 1 Mth 1 - 3 Mths 3 - 6 Mths 6 - 12 Mths 12 mths +

How would you describe yourself? Please tick

Pakeha Maori Pacific Asian Other
 NZ European Islander

Please describe the relationship to the person you support, e.g., 'I am their wife/brother' etc

Is this feedback about;

- FW Support FieldWorker Name _____
- Peer Support Peer Support Worker Name _____
- Group Support Group Name/Location _____
- Training Training Session Name _____

My Name is (optional) _____

Please read the 5 statements below and the circle the answer which best matches your experience.

1. SFMI has helped me to manage the challenges of supporting someone with a mental illness.

1	2	3	4	5
Strongly Agree	Agree	Don't Know	Disagree	Strongly Disagree

Any Comments? _____

2. SFMI has improved my knowledge of mental illness and available services

1	2	3	4	5
Strongly Agree	Agree	Don't Know	Disagree	Strongly Disagree

Any Comments? _____

3. SFMI has strengthened our family's hope for recovery

1 Strongly Agree	2 Agree	3 Don't Know	4 Disagree	5 Strongly Disagree
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Any Comments? _____

4. SFMI's input has had a positive impact on my family

1 Strongly Agree	2 Agree	3 Don't Know	4 Disagree	5 Strongly Disagree
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Any Comments? _____

5. SFMI has respected my family's cultural needs and boundaries

1 Strongly Agree	2 Agree	3 Don't Know	4 Disagree	5 Strongly Disagree
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Any Comments? _____

Thankyou for taking the time to complete this feedback form, which can be returned to us free in the envelope provided, or email versions to admin@sfauckland.org.nz

"SFMI Auckland is a registered charity and we would like to express our thanks to everyone who supports us through membership and donations. If you would like to make a donation, please make cheques payable to SFMI Auckland Inc, and post to the address below. Our grateful thanks and best wishes to all families and whanau"

If you would like any information about SFMI and our services please contact us;

423 Great North Road, PO Box 78-122, Grey Lynn, Auckland

Tel: 09 378 9134 or 0800 SF auck / 732 825

