

# Emotional Health & Wellbeing

# HAVE YOUR SAY!



# & Early Break

11. I felt like I was? (please tick all that apply)
- |   |                                  |
|---|----------------------------------|
| Listened to                                   | NOT listened to                  |
| Judged  | I felt I was NOT judged          |
| I was treated well                            | I was NOT treated well           |
| They knew how to help me                      | They did NOT know how to help me |
| I could talk about difficult things           |                                  |
| I could NOT talk about difficult things       |                                  |
| My views and worries were taken seriously     |                                  |
| My views and worries were NOT taken seriously |                                  |
| Other   |                                  |
12. What was your favourite bit about your session?
13. Is there anything you would improve about your session?
14. What changes have you noticed about yourself during/after your sessions? (please tick all that apply)
- |                                 |                            |
|---------------------------------|----------------------------|
| Understand my problems better   | Feel more confident        |
| Feel calmer & more relaxed      | Understand myself better   |
| Starting to make changes        | Not noticed any changes    |
| Feeling less stressed & worried | Feeling the same as before |
| Other                           |                            |
15. If a friend needed this sort of help, would you suggest they get help from Early Break?
- |       |    |
|-------|----|
| Yes   | No |
| Other |    |
16. Do you have any other comments about how we can make the service better for other people?

# & Early Break

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Thank you for giving us your feedback today! Your feedback makes sure we offer the best service in the future.

1. What is your name if you would like to give it?

2. How old are you? (please circle)

Under 8   9   10   11   12   13   14  
15   16   17   18   19   20   21   22  
23   24   25

3. What gender do you identify with? (please tick)

Female                      Trans Male  
Male                         Non-Binary  
Trans Female              Prefer not to say  
Other

4. What is the name of your worker?

5. What help did you access at Early Break (please tick all that apply)

Mindfulness  
Bereavement & Loss Counselling  
Closing the Gap - transitional support  
Fresh Start - anti-bullying project  
Mentally Healthy Schools  
Complementary therapies  
Emotional Health & Wellbeing group  
Other

6. What was the room like where you had your session? (please tick all that apply)

Comfortable                      Warm  
Uncomfortable                 Cold  
Just OK                            Boring  
Other

7. Was it easy to get to the place of your appointment?

Yes                                 No  
Other

8. Was the time of your appointment OK for you?

Yes                                 No  
Other

9. When you first met your worker, did you feel that they explained to you what was going to happen in your sessions? (please tick)

Fully understood                Kind of understood  
Didn't understand                Other

10. I thought my worker was? (please tick all that apply)

A nice person                      Knowledgeable                      Unhelpful  
Warm                                 Patient                                 Unfriendly  
Caring                                 Supportive                             Impatient  
Friendly                                Professional                            Cold  
Reassuring                            Judgmental                            Uncaring  
Other