

SSCH - Post Session Form

* Indicates required question

1. Email *

2. Session Date *

Example: January 7, 2019

3. First Name *

4. Last Name *

5. Your Email

6. SSCH Lead

Mark only one oval.

- ☐ Seb Kane
- ☐ Viki Garbett
- ☐ Brad Richards
- ☐ Other

7. What did you do and cover during this session today?

8. Has this session made you more aware of your current dietary habits, lifestyle, exercise regime and what might need adjusting?

Mark only one oval.

	1	2	3	4	5	
Not	☐	☐	☐	☐	☐	Feeling inspired and ready to go

9. How much physical pain or discomfort do you feel now, after the session? (Leave blank if not applicable to the session.)

Mark only one oval.

	1	2	3	4	5	
Non	☐	☐	☐	☐	☐	Severe

10. I have been feeling optimistic about the future

Mark only one oval.

	1	2	3	4	5	
Rare	☐	☐	☐	☐	☐	All of the time

11. I feel useful

Mark only one oval.

	1	2	3	4	5	
Rare	☐	☐	☐	☐	☐	All of the time

12. I have been feeling relaxed

Mark only one oval.

	1	2	3	4	5	
	☐	☐	☐	☐	☐	

13. I have been feeling interested in other people

Mark only one oval.

	1	2	3	4	5	
Rare	☐	☐	☐	☐	☐	All of the time

14. I have had energy to spare

Mark only one oval.

	1	2	3	4	5	
Rare	☐	☐	☐	☐	☐	All of the time

15. I have been dealing with problems well

Mark only one oval.

☐ Rarely

☐ All of the time

16. I have been thinking clearly

Mark only one oval.

☐ Rarely

☐ All of the time

17. I have been feeling good about myself

Mark only one oval.

☐ Rarely

☐ All of the time

18. I've been feeling close to other people

Mark only one oval.

☐ Rarely

☐ All of the time

19. I've been feeling confident

Mark only one oval.

☐ Rarely

☐ All of the time

20. I have been able to make up my own mind about things

Mark only one oval.

1 2 3 4 5

Rare ☐ ☐ ☐ ☐ ☐ All of the time

21. I've been interested in new things

Mark only one oval.

☐ Rarely

☐ All of the time

22. I've been feeling cheerful

Mark only one oval.

☐ Rarely

☐ All of the time

23. What has been the most beneficial aspect of the wellbeing offer? What have you enjoyed most during the session? *

24. Is there anything else that you would like us to include / offer?

25. Were there any barriers to accessing the support, if so, what?

26. Consent ^{*}

Check all that apply.

☐ I hereby authorize Support Social Care Heroes to publish photographs and videos taken of me on for use in the Support Social Care Heroes print and online marketing materials, as well as other Company publications. I hereby release Support Social Care Heroes, its contractors, its employees, and any third parties involved in the creation or publication of marketing materials, from liability for any claims by me or any third party in connection with my participation. I understand that anonymous data is held about me and I agree this information may be shared with public sector organisations (such as the council and universities). *

27. Disclaimer ^{*}

Check all that apply.

☐ The information provided is for general informational purposes only and is not a substitute for professional medical advice. Always consult with a qualified healthcare provider before starting any new health, fitness, or nutrition program. Use of this information is at your own risk. We are not responsible for any adverse effects resulting from its use. By using this service you acknowledge that you have read and agree to this disclaimer. For more details, consult a healthcare professional. *

This content is neither created nor endorsed by Google.

Google Forms

