

**CaFI SESSION FEEDBACK SHEET**

Study Title: Culturally-adapted Family Intervention (CaFI) for African Caribbean people diagnosed with schizophrenia and their families

IRAS Ref: 135146

REC Ref: 13/NW/0571

**To be completed by therapist:**

Participant ID.....
Lead therapist .....
Date of completion.....
Session number.....

**Please answer a few questions – this information will be used to improve this therapy for you and other families.**

Please tell us whether you agree or disagree with the following statements:

(Please put a cross in the appropriate box)

	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
<b>1. I have learned something new in today's session</b>					
<b>2. After this session, I know more about where to get information, help or support</b>					
<b>3. I expect my relationship with my relative to be better after this session.</b>					
<b>4. After today's session, I am more worried about my ability to cope.</b>					
<b>5. Today's session was not useful to me.</b>					
<b>6. I feel more able to say what my needs are after this session</b>					

(Please put a cross in one box)

	Mostly negative	Neutral	Mostly positive
<b>How do you feel about attending the next session of family intervention?</b>			

(Please put a cross in one box)

	Too long	Right length	Too short
<b>How do you feel about the length of this session?</b>			

**What went well during today's session?**

**Please tell us about anything you DID NOT like about today's session?**

Thank you for completing this feedback sheet