

Please tell us what you think

<p>Age:</p> <hr/> <p>Gender:</p> <p>Male <input type="checkbox"/> Female <input type="checkbox"/></p> <p>Non-Binary <input type="checkbox"/> Trans <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p> <p>Prefer not to say <input type="checkbox"/></p>	<p>How would you describe your ethnic background?</p> <p>Asian Bangladeshi <input type="checkbox"/> White British <input type="checkbox"/></p> <p>Asian Indian <input type="checkbox"/> White European <input type="checkbox"/></p> <p>Asian Pakistani <input type="checkbox"/> White Irish <input type="checkbox"/></p> <p>Black African <input type="checkbox"/> White Other <input type="checkbox"/></p> <p>Black Caribbean <input type="checkbox"/></p> <p>Chinese <input type="checkbox"/></p> <p>Mixed Heritage <input type="checkbox"/></p> <p>Unspecified <input type="checkbox"/></p>	<p>How did you hear about the service?</p> <p>Leaflets <input type="checkbox"/></p> <p>Internet <input type="checkbox"/></p> <p>Friend <input type="checkbox"/></p> <p>School <input type="checkbox"/></p> <p>Parents <input type="checkbox"/></p> <p>GP/CAMHS <input type="checkbox"/></p> <p>Other, Please State:</p>
<p>How many sessions have you attended?</p>	<p>Please tell us how you are feeling now: <i>(Please add any comments):</i></p> <p>Less able to cope <input type="checkbox"/> No change <input type="checkbox"/> Some improvement <input type="checkbox"/> Much improved <input type="checkbox"/></p>	
<p>Would you recommend the service to others? <i>(Any reason?)</i></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>		
<p>What would you say about the counselling you received? Did you gain what you hoped to achieve?</p> 		
<p>How would you rate your experience with HYCS?</p> <p>Very helpful <input type="checkbox"/></p> <p>Helpful <input type="checkbox"/></p> <p>Not helpful <input type="checkbox"/></p>	<p>If helpful or very helpful, please tick in what way?</p> <p>Increased sense of well-being <input type="checkbox"/></p> <p>Better relationships <input type="checkbox"/></p> <p>Increased Self esteem <input type="checkbox"/></p> <p>Increased confidence <input type="checkbox"/></p> <p>Better ways of coping <input type="checkbox"/></p>	
<p>Have you used any HYCS information leaflets? Which have you found helpful?</p> <p>Intro Booklet <input type="checkbox"/> Anxiety <input type="checkbox"/> Sleep <input type="checkbox"/> Exam Stress <input type="checkbox"/> Emotional Crisis <input type="checkbox"/> Anxiety <input type="checkbox"/> Calm Breathing <input type="checkbox"/></p> <p>Eat Well <input type="checkbox"/> Adrenalin Alert/Relax Rest & Digest <input type="checkbox"/> Others <i>(please list)</i> Not used <input type="checkbox"/></p>		
<p>Do you consent to this information being used in our HYCS literature and reports? Yes <input type="checkbox"/> No <input type="checkbox"/></p>		

Many thanks

This information will be handled with sensitivity.

2019 - 2020