

Additional file 2. Blank form of the feedback sheet

cipher:

Talking time REHAB feedback sheet

Dear Group Participant,

Please take a few minutes now, directly after our group session, to complete this form and return it to us. It will help us prepare for the next session and is an important component of our study.

You will find the stamped envelope at the end of your accompanying folder.

Thank you for your feedback!

1. Organizational details
1.1 Date of the telephone conference: _____
1.2 Were you able to attend the meeting as planned?
<input type="checkbox"/> yes
<input type="checkbox"/> no → please continue from number 5
2. Feedback on contents
2.1 How relevant or important did you find the theme of today's session with regard to your individual situation?
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
--very important important partly/partly less important unimportant
2.2 Do you have any open questions about today's content?
<input type="checkbox"/> no
<input type="checkbox"/> yes → which?

2.3 What was particularly important or helpful for you in today's session?

3. Feedback on your own experience in the group

3.1 From your point of view, were you able to contribute satisfactorily to the group discussion?

- yes
- no → why not?

3.2 How comfortable did you feel as a participant in the group session?

- | | | |
|--------------------------|----------------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| very well | appropriate
for the situation | rather uncomfortable |

If you felt rather uncomfortable, are there reasons you would like to share with us?

3.3 How relieving did you find the group discussion?

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| very relieving | relieving | neither nor | rather not
relieving | not at all
relieving |

4. Feedback on moderation

4.1 I found the moderation to be (multiple answers are possible):

- | | | |
|--|--|---|
| <input type="checkbox"/> helpful | <input type="checkbox"/> competent | <input type="checkbox"/> appropriate to the situation |
| <input type="checkbox"/> relieving | <input type="checkbox"/> friendly | <input type="checkbox"/> approachable |
| <input type="checkbox"/> unfriendly | <input type="checkbox"/> uncertain | <input type="checkbox"/> too dominant |
| <input type="checkbox"/> inappropriate | <input type="checkbox"/> poor prepared | <input type="checkbox"/> not empathetic |

5. feedback on the aftercare recommendations

5.1 I have already succeeded in implementing some recommendations from the rehabilitation

- no
- yes → which?

5.2 I have a concrete need for support

- ... no
- yes → whereby?

6. Preparation for the next group meeting

6.1 Are there any themes that should be taken up in the next group meeting?

- no
- yes → which?

6.2 Do you have any further comments or questions?

- no
- yes → which?