



Peer Partner Satisfaction Interview & Questionnaire

SUBJECT NUMBER: _____ **DATE:** _____ / _____ / _____

We are very interested in learning more about your experiences as a social peer mentor for this project. Your feedback is extremely important to the development and evaluation of this kind of peer mentoring program. We would like to ask you a few questions to find out more about your ideas about the social peer-mentoring program. We will be audiotaping this interview, so that we can be sure to record all of your suggestions.

1. How did you find out about the study?
2. Do you have any suggestions about how the screening process was conducted?
3. What did you think of the evaluations?
4. What did you find most enjoyable about participating in the social peer-mentoring program?
5. What was most challenging for you in participating in the social peer-mentoring program?
6. How do you think your peer mentor was able to help you with your goals for improving social activities and increasing social contacts?
7. Was the length of the peer-mentoring period appropriate? If not, what would you suggest?
8. Do you have any other suggestions or concerns about the social peer-mentoring program?
9. What would you tell others about this program?

We are very interested in learning more about your experiences in participating in the social peer-mentoring project. Your feedback is extremely important to the development and evaluation of this kind of peer mentoring program. We'll also be conducting a brief interview with you to find out more about your ideas about the social peer mentoring program.

Please answer the following questions, by circling your response.

**SD = Strongly disagree
D = Disagree
N = No strong feelings either way
A = Agree
SA = Strongly agree**

Evaluations:

- | | |
|---|------------------------|
| 1. I received a good explanation of the reasons to complete the interviews and questionnaires that were part of this study. | SD D N A
SA |
| 2. The research assistant helped me to feel comfortable in completing the study evaluations. | SD D N A
SA |
| 3. I was able to have my questions about the study evaluation answered. | SD D N A
SA |
| 4. The research assistant worked with me to schedule the evaluations at a time that was convenient for me. | SD D N A
SA |
| 5. Having the research assistant contact me on a regular basis to track my social activities was comfortable for me. | SD D N A
SA |

Active Peer Mentoring

- | | |
|---|------------------------|
| 6. I feel as though my social peer mentor was able to help me with increasing my social activities. | SD D N A
SA |
| 7. I feel as though my social peer mentor was able to help me feel less lonely. | SD D N A
SA |

- | | | | | |
|--|-----------|----------|----------|----------|
| 8. I enjoyed spending time with my peer mentor. | SD | D | N | A |
| | SA | | | |
| 9. I had enough time to work with my peer mentor. | SD | D | N | A |
| | SA | | | |
| 10. The peer-mentoring period was too long. | SD | D | N | A |
| | SA | | | |
| 11. I was able to contact the On-Call Therapist if I needed to during the social peer-mentoring program. | SD | D | N | A |
| | SA | | | |
| 12. I would recommend participating in the social peer-mentoring program to others. | SD | D | N | A |
| | SA | | | |

Please let us know any ways in which you feel the program can be improved:
