



Social Peer Mentor 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 like about the training sessions?
5. What can we do to improve the training sessions?
6. What did you think of the training manual that you received?
7. What can we do to improve the training manual?
8. What did you find most enjoyable about being a social peer mentor?
9. What was most challenging for you as a social peer mentor?
10. How do you think you were able to help your peer partner with their goals for improving social activities and increasing social contacts?
11. Was the length of the peer-mentoring period appropriate? If not, what would you suggest?
12. Was the On-Call Therapist useful to you during the mentoring period?
13. Do you have any other suggestions or concerns about the social peer-mentoring program?

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'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 |

Training

- | | |
|--|--------------------|
| 5. The training sessions were helpful to me in working with my peer partner. | SD D N A SA |
| 6. The training sessions were too long. | SD D N A SA |
| 7. The training sessions were not long enough. | SD D N A SA |
| 8. The training sessions were interesting. | SD D N A SA |

Training (cont.)

- 9. I received enough training to feel comfortable to begin working as a peer mentor. SD D N A SA
- 10. The On-Call Therapist was willing to schedule additional time with me to make sure that I felt comfortable as a peer mentor. SD D N A SA
- 11. The Mentor Training Manual was helpful. SD D N A SA
- 12. The Mentor Training Manual was easy to read. SD D N A SA
- 13. Information in the Mentor Training Manual was organized in a way that made it easy to find what I needed. SD D N A SA

Active Peer Mentoring

- 14. I feel as though I was able to help my peer partner with increasing his/her social activities. SD D N A SA
- 15. I feel as though I was able to help my peer partner with feeling less lonely. SD D N A SA
- 16. I enjoyed spending time with my peer partner. SD D N A SA
- 17. I received enough support from the On-Call Therapist during the peer mentoring period. SD D N A SA
- 18. I had enough time to work with my peer partner. SD D N A SA
- 19. The peer mentoring period was too long. SD D N A SA
- 20. I would recommend participating as a peer mentor to others. SD D N A SA

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