

Virtual Support Group Survey

We would love to get your feedback on how we can improve your experience!

karin@supportafterabortion.com [Switch account](#)



* Required

Email *

Your email

What virtual/in person support group are you completing?

- Unraveled Roots
- Codependency
- Abortion Recovery - Keys to Hope and Healing - Secular - Women
- Abortion Recover - Keys to Hope and Healing Religious - Men

What suggestions would you make to improve the effectiveness of the support group?

Your answer

Rate your facilitator(s) on: Presented the material in relatable way and moderated the group well. (A = excellent, F = failed) *

- A
- B
- C
- D
- F

Please share why you selected this rating. *

Your answer



How has being a part of a healing group impacted you and your healing journey? *

Your answer

Who was your facilitator(s) *

Your answer

First Name *

Your answer

Send me a copy of my responses.

Submit

Clear form

Never submit passwords through Google Forms.

reCAPTCHA
[Privacy](#) [Terms](#)

This form was created inside of Support After Abortion. [Report Abuse](#)

Google Forms





