



NORTHERN MICHIGAN
 Partial Hospitalization Program
 Patient Group Evaluation

Date:	
Group format was helpful: 1-Strongly Disagree 2-Disagree 3-Neutral 4-Agree 5-Strongly Agree	
Group 1 Name:	Rating: 1 2 3 4 5
What did you learn from this group?	
How will this help you in recovery?	
I learned: <input type="checkbox"/> coping skills <input type="checkbox"/> resources <input type="checkbox"/> triggers <input type="checkbox"/> warning signs <input type="checkbox"/> medications <input type="checkbox"/> sleep hygiene <input type="checkbox"/> diet	
Group 2 Name:	Rating: 1 2 3 4 5
What did you learn from this group?	
How will this help you in recovery?	
I learned: <input type="checkbox"/> coping skills <input type="checkbox"/> resources <input type="checkbox"/> triggers <input type="checkbox"/> warning signs <input type="checkbox"/> medications <input type="checkbox"/> sleep hygiene <input type="checkbox"/> diet	
Group 3 Name:	Rating: 1 2 3 4 5
What did you learn from this group?	
How will this help you in recovery?	
I learned: <input type="checkbox"/> coping skills <input type="checkbox"/> resources <input type="checkbox"/> triggers <input type="checkbox"/> warning signs <input type="checkbox"/> medications <input type="checkbox"/> sleep hygiene <input type="checkbox"/> diet	
Group 4 Name:	Rating: 1 2 3 4 5
What did you learn from this group?	
How will this help you in recovery?	
I learned: <input type="checkbox"/> coping skills <input type="checkbox"/> resources <input type="checkbox"/> triggers <input type="checkbox"/> warning signs <input type="checkbox"/> medications <input type="checkbox"/> sleep hygiene <input type="checkbox"/> diet	

Parent Signature: _____ Date: _____ Time: _____

Staff Signature: _____ Date: _____ Time: _____



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