# Mentor **Feedback** Form

1. **Overall, how would you rate your experience with your mentee?**
   * Excellent
   * Very Good
   * Good
   * Fair
   * Poor

**Please circle the number that matches how much you agree or disagree with each of the following statements.**

|  | **Strongly Agree** | **Agree** | **Neither Agree nor Disagree** | **Disagree** | **Strongly Disagree** |
| --- | --- | --- | --- | --- | --- |
| 1. The talks I had with my mentee were helpful to me. | 5 | 4 | 3 | 2 | 1 |
| 1. Working with my mentee helped me feel better. | 5 | 4 | 3 | 2 | 1 |
| 1. Sharing my story was helpful to me. | 5 | 4 | 3 | 2 | 1 |
| 1. Meeting with my mentee made it easier for me to cope with my kidney disease. | 5 | 4 | 3 | 2 | 1 |
| 1. I learned new information from my mentee. | 5 | 4 | 3 | 2 | 1 |
| 1. Serving as a role model to my mentee made me take better care of myself. | 5 | 4 | 3 | 2 | 1 |
| 1. I helped my mentee learn to take better care of himself or herself. | 5 | 4 | 3 | 2 | 1 |
| 1. The mentor training sessions prepared me to be a mentor. | 5 | 4 | 3 | 2 | 1 |
| 1. I have used what I learned in the mentor training sessions to take care of myself. | 5 | 4 | 3 | 2 | 1 |

1. **Did participating in the *Peer Up!* program encourage you to think about other treatments for kidney failure?** 
   * Yes
   * No
2. **If yes, what other treatments have you thought about?**
   * Transplant
   * Home hemodialysis
   * Peritoneal dialysis
   * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. **What did you like most about meeting with your mentee?**
4. **What did you like least about meeting with your mentee?**
5. **Please list at least one thing you learned from your mentee that you have used to take care of yourself.**
6. **How likely is it that you will continue to meet with your mentee?** 
   * Extremely likely
   * Likely
   * Neither unlikely or likely
   * Unlikely
   * Extremely unlikely
7. **On a scale of 1 to 7, with 1 being not at all important and 7 being extremely important, how important is it to you that the *Peer Up!* program continue at your facility?**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Not at all important** | | |  | | | | **Extremely**  **important** | | | |
| 1 | 2 | | 3 | 4 | 5 | | 6 | 7 |

1. **What other suggestions or thoughts do you have about your experience?**

***Thank you for participating!***