Appendices

Appendix A. Evaluation form completed pre and post sessions

Please tick the box. I am,

☐ Living with Primary progressive Aphasia (PPA)
☐ The partner or caregiver of someone with PPA

☐ ☐ This is my first attendance at a WMH PPA Education and Support session
   YES  NO

Please place a cross on the scale to indicate your response to each statement

How much I know about PPA.
Additional comments
How much I know about managing stress, worry and low mood.
Additional comments
I'm aware of some current research in PPA.
Additional comments
I have met other people living with PPA.
Additional comments
I have met other partners and caregivers of people living with PPA.
Additional comments
I have had opportunities to ask questions and discuss issues relating to PPA.
Additional comments
Other comments and/or suggestions
Appendix B. Follow up interview questions.

WMH PPA Education and Support Groups

Follow up interview questions

ID:  Carer:  pwPPA:  Method:  Date:

Q1. You came to the WMH PPA Education and Support group on XXXX (insert date of attendance). Was that your first attendance at the group?

Q2. How many group sessions have you attended?

Q3. I see that you came back so there must be something about the sessions that you find helpful? Can you tell me a little about that?

Q4. So you find XXXX (from question above) helpful? Are there any other things that are beneficial?

Q5. What about XXXX (name of partner)? Do you think they benefit from coming to the group with you?

Q6. Do you have any suggestions of ways to make the group more beneficial for you