

1. What are your overall impressions and feelings about the event today?

(Please circle/underline and add any comments)

Excellent

Good

Average

Poor

Very poor

Please comment:

2. What do you think of this event/ process as a way to reflect upon your experiences at work?

Excellent

Good

Average

Poor

Very poor

Please comment:

3. Do you feel that the priorities agreed at the end of the day reflect your own experiences of delivering the service, and how it could be improved?

Yes No

Please comment:

4. Reflecting on the day and the future co-design event with patients, how would you like to see services change as a result of this project?

5. What could be improved if this event were to be run again?

6. Is there anything else that you would like to add about any other aspect of this project so far?

Organisation of the event (please tick)	Excellent	Good	Average	Poor	Very poor
Pre event information					
Directions to venue					
Accessibility of venue					
Catering					

Many thanks for all your comments and thoughts.