

(completed by participants)

Date:

Hospital:

Area of improvement:

*Please circle:*

Staff

Patient/relative

Your experience participating in this workshop

*Excellent*

*Good*

*Average*

*Poor*

*Very poor*

*Please comment:*

Do you feel that the priorities agreed at the end of the day reflect your own experiences of what needs to be improved? Please comment

Did you feel able to participate fully?

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

Any other comments:

*Many thanks for all your comments and thoughts*