

Feedback form

Thank you for taking part in this activity. We would like to hear your feedback about how you felt it went so that we can improve things for next time we do something like this.

Name:

Project/activity you participated in:

What was your role in the activity?

How did you hear about this activity?

How confident were you about sharing your views and experiences to influence health services?

Circle on this scale of 1 to 5 where 1 is not very confident and 5 is very confident.

	1	2	3	4	5
Before this activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During this activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After this activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Were you given enough information and support to enable you to understand the role and what it involved in a way that met your needs?

Circle on this scale of 1 to 5 where 1 is not very confident and 5 is very confident.

	1	2	3	4	5
Before this activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
During this activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After this activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please tell us what could have been improved:

Do you understand how your views will influence health services?

Yes No Don't know

How much time have you spent on this activity, including things like travel and preparation time?

- 1 hour
- 2 hours
- Half a day
- A whole day
- Other – please tell us more below:

Would you like to be contacted by [organisation] about future opportunities to get involved, similar to the one you have just participated in?

If you select 'Yes', you consent to [organisation] holding your contact details on our database, which will be managed in compliance with our Privacy Policy. You can request for your details to be removed at any time by emailing us at [email.]

Yes

No

Please share your name and contact details below:

Is there anything else you would like to tell us?

About you

The information you share will be anonymous, so you cannot be identified and information you share will be kept in accordance with Data Protection legislation. Only people who organised this activity will have access to the information you share.

1. What is the first part of your post code? This is usually the first 3-4 digits.

2. Which of these best describes how you think of yourself?

Male

Female

- Non-binary
- Prefer to use another term
- Prefer not to say

3. How old are you?

- Under 16
- 16-17
- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75-84
- 85 or over

4. How would you describe your ethnic origin?

A. White

- English/Welsh/Scottish/Northern Irish/British
- Irish
- Gypsy or Irish Traveller
- Any other White background

B. Mixed / multiple ethnic groups

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed / multiple ethnic background

C. Asian / Asian British

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background

D. Black / African / Caribbean / Black British

- African
- Caribbean
- Any other Black/African/Caribbean background

E. Other ethnic group

- Arab
- Any other ethnic group
- Prefer not to say**

5. Do you have any long-term physical or mental health conditions, disabilities or illnesses?

- Yes
- No
- I don't know
- I would prefer not to say

If you said yes, please tell us more about your condition:

Thank you

Thank you for taking the time to complete this feedback form. Please return this copy to [\[contact details here\]](#).