**Place-Based Health Planning**

**Co-design workshop evaluation survey**

Thank you for attending the workshop/community meeting. Please take a moment to fill in this form. Your feedback will help us to improve the next sessions so that they are of most benefit for everyone involved.

1. **I am a…**

|  |  |
| --- | --- |
|  | *Select more than one option as needed* |
| ⃝ | Community member (resident) |
| ⃝ | Community member (visitor) |
| ⃝ | Service provider (health) |
| ⃝ | Service provider (social sector) |
| ⃝ | Service provider (other) |
| ⃝ | Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. **On a scale from 1 to 5, how useful did you find today’s workshop?**

(1 being the least useful, 5 being the most) Please circle one.

1 2 3 4 5

1. **What did you find most useful about today’s workshop?**

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1. **What did you find least useful about today’s workshop?**

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1. **On a scale from 1 to 5, how easy did you find it to contribute in today’s workshop?**

( 1 being very difficult and 5 being very easy) Please circle one.

1. 2 3 4 5
2. **How can the workshop be improved for next time?**

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1. **Any other feedback?**

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**Thank you for taking the time to complete this questionnaire.**

If you would like to expand on any comments or feedback that you have given in this questionnaire, please contact *[insert the name and contact details of the researcher conducting each workshop]*

Results from the feedback will be made available at the next session.