# YOUR FEEDBACK IS IMPORTANT



Please provide us with your feedback about the discussion that took place on [Date] in [Location]. This will help us to improve future discussions.

### Pre-meeting information and support

Before the meeting, how good was the information we supplied to you so that you could take part?

Excellent	Good	Satisfactory	Poor
Comment:			

Before the meeting, how prepared did you feel in order to take part?

Excellent	Good	Satisfactory	Poor
Comment:			

#### **Time and Venue**

How were the following aspects of the meeting?

Location of the discussion

Excellent	Good	Satisfactory	Poor
Vanue / Deam of the discuss	ion		
Venue/Room of the discuss	1011		
Excellent	Good	Satisfactory	Poor



# Duration of the discussion

Excellent	Good	Satisfactory	Poor
Time of the discussion			
Excellent	Good	Satisfactory	Poor
Refreshments			
Excellent	Good	Satisfactory	Poor
Please Comment on any of th	e Above:		

## The Nature of the Discussion

Excellent	Good	Satisfactory	Poor
Comment:			
Do you feel that you had the	e chance to fully expres	s your opinion? 🛛 Yes	No
Comment:			

YOUR FEEDBACK IS IMPORTANT	PPI IGNITE OFFICE	
Do you feel that your contribution was valued and respected? Comment:	Yes	No No

Is there anything that we did particularly well in organising and running the discussion that you would like to see repeated?

Is there something which we could improve when organising or running future discussions?

Thank you for taking the time to provide feedback. Please supply us with an email address or telephone numbers where we can follow-up with you if necessary.

Tel:	
	[]
Email:	

If you have a complaint that you wish to discuss with the research team, please contact...

If you wish to speak to someone from the Trinity Patient and Public Involvement Team, contact...

