Supplementary Material 5

End of co-design evaluation form

Accelerated Experienced-based Co-Design (AEBCD) Improving Loneliness Support in Doncaster

Final Evaluation Form

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(please tick one)			
□ paid worker □	volunteer pers	on with support experience	
The Workshops: looking back to these?	x, what are your over	rall thoughts & feelings about co	ming
Which workshop(s) did you come	e to? (Please tick)		
☐ Nov 2021 (Paid workers)	☐ Jan 2022	☐ Feb 2022 (Joint)	
Your comments:			
My Co-Design group is: (ple	ase tick) Transp	oort Support	
What did you enjoy about worki	ng in the group?		
Please comment:			

What didn't you enjoy about working in the group?
Please comment:
Did you feel listened to? (please tick) □ Yes □ No □ Sometimes
Please comment:
How satisfied are you with what the group achieved?
Please comment:
Flease comment.
Are you pleased you decided to take part? (please tick)
□ Yes □ No
Please comment:
What halped the group to work wall?
What helped the group to work well?
Please comment:

What could have helped the group to work better?
Please comment:
What advice would you give someone setting up a Co-design group?
Please comment:
Is there anything else you'd like to say?
Please comment:
Many thanks for your comments and thoughts