

Role (please circle): Doctor Nurse Physio Management
 Other

Please give us your overall impressions and feelings about your participation in this project.

Type of involvement:	Please tick	Overall impressions and feelings
Interviewed by project facilitator		
Attended staff event		
Attended staff and patient event		
Participated in co-design group meetings	If yes, number:	
Attended celebration event		

What areas of your work were affected the most though your participation in this project?

Please add a score 1- least affected, 10- most affected

Area of work	Score	Details of change

7. What could be improved if this process were to be run again?

8. Do you have any other comments you would like to add?

Many thanks for all your comments and thoughts.