Advisory Group Member Feedback Form

Please complete this mid-project feedback form to help us understand how the Patient and Public Involvement within this project is going. Your answers are anonymous and may be used in the reporting for this project.

1. **How did you hear about this project?**

2. **What motivated you to get involved in this project?**

3. **Please read the following statements and indicate your agreement/disagreement with them.**

	1 Strongly Disagree	**2 Somewhat Disagree**	**3 Neutral**	**4 Somewhat Agree**	**5 Strongly Agree**
I understand the aims of the project.	1	2	3	4	5
I understand my role in achieving those aims.	1	2	3	4	5
I feel supported to make useful contributions to the project based on my lived experience.	1	2	3	4	5
I feel listened to by other members of the Advisory Group.	1	2	3	4	5
I feel listened to by members of the project team.	1	2	3	4	5

4. **Do you think your involvement has made a difference to the project so far? If yes, please tell us how. If no, please explain how we could better support you to do so.**

5. **What, if anything, have you gained from taking part so far? Has it met your expectations?**

6. **Is there anything we could do differently that might improve your experience and/or the impact of your involvement going forward?**