EPUT Lived Experience Activity Evaluation Form

Please complete this evaluation form as fully and honestly as possible. Your comments will help to further improve future projects working with people with lived experience.

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<th>Date:</th>
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<td>Activity name:</td>
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**Please tell us about the objectives of the activity:**

Were the objectives of the activity met?

If not, do you know why not?

Were the objectives clear?

Were the objectives discussed with you?

Did you understand the objectives?

Did you feel you could ask for more information about the objectives or the activity?
Please tell us about the outcomes of the activity:

Do you know if the activity had a positive or negative impact?

Was being a part of the project a good or bad experience for you?

Were you offered any support during the activity?

Would you like to work with us again on another activity?

If not, please tell us why not?

Do you have any comments or suggestions for future activities?