



Evaluation form

To help us improve how we engage with local people, we would like to hear your views on how the activity went. If you could please spare a couple of minutes to fill in the questions below. The information you provide will be kept confidential.

Event name:

Date:

How much do you agree with the following statements?

I understood why the NHS came to visit/met with us

Strongly agree

Agree

Neither agree
or disagree

Disagree

Strongly disagree

I felt I could express my own opinions

Strongly agree

Agree

Neither agree
or disagree

Disagree

Strongly disagree

I felt that my views have been listened to

Strongly agree

Agree

Neither agree
or disagree

Disagree

Strongly disagree

I understand what will happen following the meeting/event

Strongly agree

Agree

Neither agree
or disagree

Disagree

Strongly disagree

What do you think went well?

Is there anything that could have been done to improve the visit?

Did you take away any new information from the activity/meeting?

About you (optional)

We would like to ask some questions about you to make sure we reach a wide range of people. You do not have to complete this section. Summarised information may be published, but no individual details will be disclosed. Please see our [privacy statement](#) on our website for more information.

I am a:

- Patient
- Carer
- Local resident
- Health or care professional
- Representative of an organisation (please state) _____

What is your age?

- Under 14
- 15 – 19
- 20 – 24
- 25 – 34
- 35 – 44
- 45 – 54
- 55 – 64
- 65 – 74
- 75 – 84
- 85 +
- Prefer not to say

What is your gender?

- Male
- Female
- Other
- Prefer not to say

Is this the gender you were given at birth?

- Yes
- No
- Prefer not to say

How would you describe your ethnic origin?

- White
- Mixed/multiple ethnic groups
- Asian or Asian British
- Black/African/Caribbean/Black British
- Prefer not to say
- Prefer to self-describe

Do you have a long term physical or mental condition or disability?

- Yes
- No
- Prefer not to say
- If yes, what is the nature of your condition? _____

How would you describe your sexual orientation?

- Heterosexual/straight
- Bisexual
- Gay man
- Gay woman/ Lesbian
- Prefer not to say
- Prefer to self-describe: _____

Do you belong to a religion or faith group?

- No
- Yes, Christian
- Yes, Buddhist
- Yes, Hindu
- Yes, other (please specify)
- Yes, Jewish
- Yes, Muslim
- Yes, Sikh
- Prefer not to say

As a woman, are you pregnant, on maternity leave or returning from maternity leave?

- Yes
- No
- Prefer not to say

Want to stay in touch?

If you would like to be more involved in telling us what you think about health and care services you can email at kingstonccg.engage@swlondon.nhs.uk.

Thank you for taking your time to complete the survey.