

CONSUMER INVOLVEMENT EVALUATION FORM

Name:		Role:	
Project Title:			

SECTION A: This form could be completed by individuals or collectively by any member of the project team (e.g. consumers, researchers, organisational staff)

WHAT DO YOU THINK IS WORKING WELL?

WHAT DO YOU THINK ARE THE CHALLENGES?

WHAT DO YOU THINK COULD BE IMPROVED?

SECTION B – To be completed by consumers

Do you feel that ...	Not at all	A little	Quite a lot	A lot
	1	2	3	4
you are clear about what your role is (including what you can and cannot change about the project)?				
you are making a contribution to the research/project?				
your contribution is valued?				
you have enough training/support to undertake your role?				
you are gaining new skills/knowledge that are useful (for example, you are learning more about the disease condition being researched)?				
there was enough support from the team leader / Chair				

THANK YOU FOR COMPLETING THIS FORM