

## **Participant Evaluation Questionnaire**

<u>Evaluation of the X-PERT Programme</u>: To assess whether the X-PERT programme has been of benefit to you and to allow future programmes to offer maximum benefits to people, please take a few minutes to answer the questions below. Please rate *Weekly Topics* and *Goal Setting* sessions for enjoyment, usefulness, impact on health and impact on quality of life, by selecting the answer for each question. *Thank you for your time!* 

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|--|
| WEEKLY TOPICS 1-6  |
| Enjoyment  |
| Usefulness   |
| Impact on health   |
| Impact on quality of life  |
| GOAL SETTING SESSIONS 1-6: SETTING YOURSELF GOALS  |
| Enjoyment  |
| Usefulness   |
| Impact on health   |
| Impact on quality of life  |
| Comments:  |



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| Handbook/Supporting Literature  |  |
|---|--|
| Usefulness:   | Will help improve my health:                 |
| Comments:   |  |
|   |  |
| Organisation of the X-PERT Programme?   |  |
| Comments:   |  |
| <u>Venue</u> ? Comments:  |  |
| Length of the X-PERT Programme  Do you feel that the six week programme is:  If your response was too little time/too much time – how | w long do you think the programme should be? |
| Was there a particular week you found more enjoyable  | or useful?                                   |
| Comments:   |  |
| Was there a particular week you did not enjoy or find u   | ıseful?                                      |
| Comments:   |  |
| Is there anything within the programme that you would   | d like changing?                             |
| Comments:   |  |
|   |  |
| Would you recommend this service to friends and fami  | <u>ly?</u>                                   |
| Comments:   |  |

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