

Workshop One - Feedback

* Required

* This form will record your name, please fill your name.

1. Which best describes your role? *

- ☐ Clinical/Quality Management
- ☐ Nurse
- ☐ Care Worker
- ☐ ICT

2. For each statement below, select the option that best reflects how you feel. *

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
The project and its aims were clearly explained at the start of the workshop.	☐	☐	☐	☐	☐
I understood the purpose of the High Risk Resident Register.	☐	☐	☐	☐	☐
I felt able to make a meaningful contribution to the design of the High Risk Resident Register.	☐	☐	☐	☐	☐
I believe the High Risk Resident Register will assist staff to care for residents and manage pressure injuries.	☐	☐	☐	☐	☐
I understood the purpose of the visual indicators.	☐	☐	☐	☐	☐
I felt able to make a meaningful contribution to the design of the visual indicators.	☐	☐	☐	☐	☐
I believe the visual indicators will assist staff to care for residents and manage pressure injuries.	☐	☐	☐	☐	☐

3. Do you have any brief comments or suggestions?