# PPI Training Evaluation Survey Template

Version 1 – October 2024

[INSERT INFORMATION and CONSENT FORM HERE as required]

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| **SECTION A – Participant Demographics** |

1. \*What is the name of PPI training or event you attended?

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2. \*What best describes you (i.e. what would you consider your primary role in relation to today’s session)?

* PPI contributor/patient/carer/member of the public
* Academic (Researcher/lecturer)
* Postgraduate student
* Undergraduate student
* Clinician
* Employee of a charity, patient or community organisation
* Research funder employee
* Public agency employee/HEI administration
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \*How would you describe your level of knowledge with PPI?

* This is my first interaction with the concept of PPI
* I have a little knowledge of PPI
* I have some knowledge of PPI
* I have a great deal of knowledge of PPI

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| **SECTION B – Training Process – Delivery, Facilitation and Content** |

4. \*How satisfied were you with the following in this PPI training?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|   | 1 Poor | 2 | 3 | 4 | 5 Excellent |
| Facilitation |   |   |   |   |   |
| Opportunity to contribute to the discussion |   |   |   |   |   |
| Session content |   |   |   |   |   |
| Sharing of resources |   |   |   |   |   |
| Overall atmosphere |   |   |   |   |   |

5. What did you particularly like or enjoy about this PPI training?

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6. Was there anything missing? If yes, please explain.

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7. What could be improved?

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8. How do you feel after completing this PPI training? (E.g. excited, annoyed, hopeful, unsatisfied, use any descriptor that fits for you)

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| **SECTION C – Equity and Inclusion**As with all PPI efforts, it is vitally important to consider the extent to which you feel included, respected and listened to during PPI training activities.  |

9. During today's training, did anything prevent you from interacting / taking part in the activities? Provide more details if you wish.

□Yes □ No □ Not sure □ Prefer not to say

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| Comment: (please provide more details if you wish) |

10.  Do you feel like your identity was respected during the training event?

□Yes □ No □ Not sure □ Prefer not to say

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| Comment: (please provide more details if you wish) |

11.  Do you feel like your identity was considered in the training material?

□Yes □ No □ Not sure □ Prefer not to say

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| Comment: (please provide more details if you wish) |

12.  Did you feel included in today's training event?

□Yes □ No □ Not sure □ Prefer not to say

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| Comment: (please provide more details if you wish) |

13.  Do you think you had the same opportunities to contribute as other people at today's training event?

□Yes □ No □ Not sure □ Prefer not to say

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| Comment: (please provide more details if you wish) |

14.  Did you experience a hierarchy between the facilitators and participants? i.e. Was there evidence of power and dominance?

□Yes □ No □ Not sure □ Prefer not to say

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| Comment: (please provide more details if you wish) |

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| **SECTION D – Impact for Participants** |

15. \*Please rate your level of confidence to incorporate PPI into a research project or contribute to a research project, after taking part in this PPI training?

|  |  |  |
| --- | --- | --- |
| Much less confident |  O O O O O  No Change | Much more confident |

16. How much do you agree or disagree with the following statements:

By participating in this PPI training I know more about PPI

|  |  |  |
| --- | --- | --- |
| Fully disagree | O O O O O  | Fully agree |

After participating in this PPI training, I want to know more about PPI

|  |  |  |
| --- | --- | --- |
| Fully disagree | O O O O O  | Fully agree |

By participating in this PPI training my opinion on PPI changed

|  |  |  |
| --- | --- | --- |
| Fully disagree | O O O O O  | Fully agree |

After participating in this PPI training I would like to attend similar activities in the future.

|  |  |  |
| --- | --- | --- |
| Fully disagree | O O O O O  | Fully agree |

17. How likely is it that you will change your PPI practice or implement something that you learned at this PPI training?

|  |  |  |
| --- | --- | --- |
| Not likely at all | O O O O O  | Extremely likely |

18. What have you or will you change or implement based on your attendance at *[this PPI training session]?* (research practice, PPI practice, collaborations, resources used, institutional policy or strategy)

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19. \*What is the one thing you think you will still remember from this PPI training in six months?

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21. What is your gender

* Male
* Female
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Prefer not to say

22. What is your age?

* 18-25
* 26-45
* 46-65
* 65+
* Prefer not to say

23. What is your ethnicity or cultural background?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Prefer not to say

20. \*Any other comments?

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