# Pilot feedback

Design feedback only. No names, diagnoses, health records or identifying stories.

| **Random participant code:** | **Feedback date:** |
|---|---|
| | |

Tick one answer per row. Skip anything you do not want to answer. “Not tried” is a useful answer.

| **Could you...** | **Yes** | **With help** | **No** | **Not tried** |
|---|---|---|---|---|
| Find where current information belongs? | [ ] | [ ] | [ ] | [ ] |
| Write one question for an appointment? | [ ] | [ ] | [ ] | [ ] |
| Find where to note the next step and contact? | [ ] | [ ] | [ ] | [ ] |
| Explain that a clinician need not sign the sheet? | [ ] | [ ] | [ ] | [ ] |

**What helped, if anything?**

**What was confusing, tiring or unnecessary?**

**Any difficulty reading, writing, handling or keeping it private?**

**What would you change or remove?**

Would you choose to use it? [ ] Yes [ ] Maybe [ ] No [ ] Prefer not to say

Did you try it at a visit? [ ] Yes [ ] No [ ] Prefer not to say
Do not add the service, appointment date or any clinical details.

Keep your code if you may want your response removed within the period on your consent sheet. Give this feedback privately to the agreed facilitator, not to a public website.