

# Evaluation of Design Session

Please answer the following questions:

1. What is your job title and what service or unit are you part of?

---

2. How would you rate the meeting overall?

<i>Poor</i>				<i>Excellent</i>
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

3. In general, how useful was the meeting?

<i>Not useful at all</i>				<i>Very useful</i>
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

4. What did you think about the materials presented and discussed during the meeting?

<i>Not useful at all</i>				<i>Very useful</i>
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

5. How much did the meeting contribute to a *shared awareness* of the pediatric trauma process?

<i>Almost nothing</i>				<i>A lot</i>
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

6. To what extent were various design options clearly presented?

<i>Not at all</i>				<i>Very much</i>
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

7. What did you think about the discussion during the meeting?

<i>Not useful at all</i>				<i>Very useful</i>
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

8. Do you think that the opinion of the different services and units that were present at the meeting were all taken into consideration?

<i>No, not equally</i>				<i>Yes, all were taken into consideration</i>
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

9. How much say did you feel you had in the discussion?

<i>Not very much</i>				<i>Very much</i>
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

10. What did you like most about the design meeting?

11. What did you like least about the design meeting?

12. What should we do to improve the next design meeting?

13. Do you have any other comments?

**Thank you!**