



Better Together

Health Services Patient Engagement Roadmap

Appendix 13

Sharing Expectations Questionnaire

Name of group:

Please complete this short questionnaire regarding your expectations and concerns of being a member of

_____ group and return by email to: _____ by _____.

How would this group function if everything went just as you hoped?

What would this group be like if everything went wrong?

What worries you most, or what is your biggest concern about working on this group?

What actions do we need to take to ensure we achieve our aims?

Suggested ways of working: