

Women's Health Action The "Big Latch On" 2017 Friday 3rd and Saturday 4th August 2018 Participant Feedback Form



Women's Health Action invites you to complete this form to help us evaluate the Big Latch On 2018. Your feedback is really important to us as the information that you provide will be used for planning & evaluation. All the information that we collect will be used in a non-identifiable way. Thank you and we appreciate your support so that we can continue to improve the Big Latch On!

If you would prefer to complete this form online, you can do so at <https://www.surveymonkey.com/r/2018BLO>

We will be running a PRIZE DRAW for everyone who returns their evaluation form. Please include your contact information at the end if you would like to go in the draw!

1. Which location did you attend? (Please include venue number if you know it)

2. How did you hear about the "Big Latch On" (all that apply)?

- Family and/or Friends
- Facebook
- Radio
- Tamariki Ora / Wellchild Provider
- Other: _____
- Printed Media (e.g. posters or newspapers)
- Twitter
- Television
- Healthcare Provider (e.g. midwife, nurse, GP, etc)
- Other online (websites)
- La Leche League

3. Has the Big Latch On affected your awareness of what breastfeeding support and knowledge is available in your community?

- Significantly increased my awareness
- Increased my awareness
- No change (already had an awareness)
- No change (did not increase my awareness)

Comments

4. Has participating in the Big Latch On affected how likely you are to access breastfeeding support?

- More likely to access support
- Less likely to access support
- No change (already access support)
- No change (still would not access support)

Comments

5. How has your attendance at the Big Latch On 2014 affected your confidence to breastfeed in your community and/or workplace?

- My confidence has increased
- No change in my confidence (I already felt confident to breastfeed in public)
- No change in my confidence (I still feel uncomfortable)
- My confidence has decreased

Comments

Please turn over the page

6. Please tick the appropriate box to indicate your thoughts for the statements below:

Statement:	Strongly agree	Agree	Neutral	Disagree	Strongly Disagree
I would recommend The Big Latch On to others Comments:					
I would like to attend The Big Latch On in the future Comments:					

7. Do you have any suggestions for improvement for future Big Latch On events?

- No improvements required
- More than one event per year
- More refreshments or snacks
- More marketing or advertising for the event
- Additional venues in my city/town/region
- Change the time and/or place of the event
- Technical improvements (please add comment)
- Improvements to the venue environment (please comment)
- Other

Comments

- I am happy to be contacted regarding my experience at The Big Latch On 2018.
- I would like to receive email updates from Women's Health Action about events and topics that may be of interest.
- I would like to go into the PRIZE DRAW to win a prize for returning this feedback form.

Name: _____ Email address: _____

Thank you for your time and co-operation! Women's Health Action Trust Team