



BLO 2019 Participant Feedback

Participant Feedback Form

Please complete this form to help Women's Health Action evaluate the Big Latch On. Your feedback is really important to help make the event even better next year. All the information will be used in a non-identifiable way. We appreciate your support so that we can continue to improve the Big Latch On! We will be running a **PRIZE DRAW** for everyone who **returns their feedback form**. Please include your contact information at the end if you would like to go in the draw! Thank you.

1. Which venue did you attend? Please include the venue number if you know it.

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

- Family and/or friends
- Printed media (eg. posters, newspapers)
- Facebook
- Other social media (Twitter, Instagram etc)
- Other websites
- Radio
- Television
- La Leche League
- Wellchild/Tamariki Ora provider
- Healthcare provider (midwife, nurse, GP, etc.)
- Antenatal/Birthing classes

Other (please specify)

3. How has the Big Latch On affected your awareness of, and connection to, support available in your community?

- Significantly increased my awareness & connection
- Increased my awareness & connection
- No change (already had an awareness and/or connection)
- No change (did not increase my awareness and/or connection)

Other (please specify)

4. How did participating in the Big Latch On affect your connection to other parents in your community?

- Positively
- Negatively
- No change (already felt connected)
- No change (still do not feel connected)

Comments

5. How has the Big Latch On affected your confidence to breastfeed in public spaces?

- My confidence has increased
- No change in my confidence (I already felt confident to breastfeed in public)
- No change in my confidence (I still do not feel confident to breastfeed in public)
- My confidence has decreased

Comments

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

	Agree	Neutral	Disagree	N/A
I would recommend the Big Latch On to others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would like to attend the Big Latch On in the future	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comments

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

- No improvements needed
- 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 (please comment)
- Improvements to the venue environment (please comment)
- Other (please comment)

Comment

8. Please tick any of the below that apply:

- I am happy to be contacted about my experience at the Big Latch On
- 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 completing this survey.

9. If you ticked any of the boxes, please enter your contact details:

Name

Email