

Public and Patient Engagement Evaluation Tool (PPEET) – participant questionnaire

Description:

Questionnaire used to assess participants' perceptions of communication and participation supports, sharing of views and perspectives, impacts and influence of the engagement initiative, and overall experience.

Note:

This supplementary file presents the English version of the questionnaire administered during the study. The questionnaire was adapted from the Public and Patient Engagement Evaluation Tool (PPEET) – Participant Questionnaire to reflect the context of the COLLAB-INTER-360-OBÉSITÉ project. French interface labels and study-specific text were translated into English for publication using DeepL and reviewed for consistency with the original English PPEET. Minor formatting changes were made for publication, including removal of the Microsoft Forms export footer. The core PPEET items and response options were preserved, while selected introductory and study-specific questions were adapted to the context of the study.

Source:

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Public and Patient Engagement Evaluation Tool (PPEET) - participant questionnaire

We are interested in your feedback about your participation in the COLLAB-INTER-360-OBÉSITÉ project. This survey includes 29 questions – some questions ask you to rate your level of agreement in response to a statement and others ask for you to provide your comments and feedback. You are encouraged to share your experiences and any information you feel is relevant and will help us to improve our engagement processes. We appreciate your feedback. It is critical to helping us improve our engagement processes. Please be aware that all of the information you provide will be confidential. Should you have any questions about this questionnaire, please contact Dr. Géraldine Layani at [phone] or [email]. Thank you for your participation!

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* Required

Background Information

1. What is the identification number that was assigned to you?

*

2. What perspective do you bring to the COLLAB-INTER-360OBESITÉ project? *

☐ Patient partner

- ☐ Citizen
- ☐ Healthcare professional
- ☐ Decision-maker
- ☐ Municipality
- ☐ Community member
- ☐ Other

3. How long have you been participating in the COLLAB-INTER-360-OBESITÉ project as a patient partner, citizen, healthcare professional, decision-maker, municipality, community representative, or other? *

- ☐ Less than 6 months
- ☐ 6 - 12 months
- ☐ 1 - 2 years
- ☐ 2 years or more

Part A. Communication and Supports for Participation

Please indicate your level of agreement with each of the statements below.

4. I have a clear understanding of the purpose of the COLLAB-INTER-360-OBESITÉ project. *

Additional file 4

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

5. The supports I need to participate in the COLLAB-INTER-360- OBÉSITÉ project are available (e.g., travel, childcare)*

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

6. I have enough information to be able to carry out my role.

*

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

7. What else would you like us to know about how your participation in COLLAB-INTER-360-OBÉSITÉ project is supported?

Part B. Sharing Your Views and Perspectives

8. I am able to express my views freely. *

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

9. I feel that my views are heard. *

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree

Additional file 4

☐ Disagree

☐ Strongly disagree

10. A wide range of views on discussion topics is shared. *

☐ Strongly agree

☐ Agree

☐ Neither agree nor disagree

☐ Disagree

☐ Strongly disagree

11. The individuals participating in the COLLAB-INTER-360-OBÉSITÉ project represent a broad range of perspectives. *

☐ Strongly agree

☐ Agree

☐ Neither agree nor disagree

☐ Disagree

☐ Strongly disagree

12. What else would you like us to know about how you are able to share your views?

Part C. Impacts and Influence of the Engagement Initiative

13. This COLLAB-INTER-360-OBÉSITÉ project is achieving its stated objectives. *

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

14. I am confident that the COLLAB-INTER-360-OBÉSITÉ project will make use of the information gathered as part of this initiative. *

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree

Additional file 4

☐ Strongly disagree

15. I am confident that the contribution made as part of this initiative is making a difference in the work of the organization. *

☐ Strongly agree

☐ Agree

☐ Neither agree nor disagree

☐ Disagree

☐ Strongly disagree

16. In your role, what influence do you think you have had to date? *

17. What else would you like us to know about the influence you think COLLAB-INTER-360-OBÉSITÉ has had ?

Part D. Final Thoughts

18. As a result of my participation in the COLLAB-INTER-360-OBÉSITÉ project, I am better informed about the sectors and individuals to be involved throughout the life course of people considered to be obese. *

☐ Strongly agree

☐ Agree

☐ Neither agree nor disagree

☐ Disagree

☐ Strongly disagree

19. Overall, I am satisfied with this engagement initiative. *

☐ Strongly agree

☐ Agree

☐ Neither agree nor disagree

☐ Disagree

☐ Strongly disagree

20. This engagement initiative is a good use of my time. *

☐ Strongly agree

☐ Agree

Additional file 4

- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

21. What are the strengths of the COLLAB-INTER-360-OBÉSITÉ project? *

22. What could be improved about the COLLAB-INTER-360OBÉSITÉ project? *

23. What else would you like us to know about your experience with the COLLAB-INTER-360-OBÉSITÉ project?

Appendix 1: Optional Demographic Questions

Finally, we would like to ask a few questions about you. The purpose of collecting this information is to gain a deeper understanding of your background so we can understand how well we have done in engaging relevant individuals and communities in our engagement initiatives. Please note that all responses are

confidential, and we value all individuals' contributions to this work. You may skip any question you would prefer not to answer.

24. What year were you born?

25. What is your ethnic or cultural background?

26. Are you First Nations, Métis or Inuk (Inuit)?

- ☐ No
- ☐ Yes, First Nations
- ☐ Yes, Métis
- ☐ Yes, Inuk (Inuit)

27. What is the highest level of education that you have completed? Please select one.

- ☐ Less than a high school diploma
- ☐ Cégep
- ☐ Apprenticeship

Additional file 4

☐ University degree (Bachelor's, Master's, PhD)

☐ I'd rather not answer

☐ Autre

28. What is your current work status? Please select all that apply.

- ☐ Full-time employee
- ☐ Part-time employee
- ☐ Self-employed
- ☐ Unpaid caregiver
- ☐ Full-time student
- ☐ Part-time student
- ☐ Recipient of disability benefits
- ☐ Recipient of income replacement benefits (e.g., Employment Insurance)
- ☐ Retired
- ☐ Full-time volunteer
- ☐ Part-time volunteer
- ☐ On leave (e.g., parental leave, short-term leave)
- ☐ I'd rather not answer

29. Have you ever worked for pay in a healthcare profession?

Note: We are interested in paid experience in health care due to the health focus of this work.

- ☐ Yes
- ☐ No

Thank you for participating!

If you would like to contact a member of the organization to discuss your experience with this initiative in more detail, please contact Dr. Géraldine Layani by email: [email]
