This tool has been designed to collect feedback on what it is like for you, as staff, to deliver your service. Please fill in the form, thinking about the experience and situations you encountered today.

**A day in   
the life of...**

**Name**

**Job Title**

**Date**

**Time**

|  |
| --- |
| **Briefly tell us how you felt at different stages throughout your day?** |
| How did you feel when you arrived at work? |
| How did you feel during your shift? |
| How did you feel when you finished your shift? |
| What went well today? And why? |
| What didn’t go so well? And why? |
| What was the most challenging moment? |
| What was the most rewarding moment? |
| What would you like to do differently tomorrow? |