## **Sharing the Stories**





## **Cup of Coffee Outcome Diary**

Confidentiality: Your answers are confidential; only your organization, program and activity will be entered with your answers, not your name.

Consent:

- Your participation in this survey is voluntary. Not participating in the survey won't affect your participation in the program.
- You can choose not to participate at any time until you hand in your survey.
- You can choose not to answer any questions if you do not want to. Leave them blank.

This module will take you about 5-10 minutes to fill out. It has 5 questions.

The process of achieving our goals and objectives usually happens one small change at a time. These changes are often marked by key conversations or events, which seem relevant at the time but may be hard to remember when we want to share meaningful experiences later on. It is important to write down these moments as soon as they happen and as regularly as possible.

To capture these changes, we use an Outcomes Diary. We call it the Cup of Coffee Outcome Diary because filling it out should take as long as it takes to drink a cup of coffee (5-10 minutes) and be done regularly. We want to use this tool to capture impacts on individuals, communities, and systems (policy).

Please tell us about an instance (e.g. a conversation, an event, something you observed) that made you think that your group/program was moving toward its objectives.

Date and time tha	at this happened:	dd / mm /yyyy	
		social, or system level?	
O Individual	O Social C	System	
2. What happened	d? (e.g. what hapլ	pened at the event? what did you observe? OR who did you speak with? w	hat did you talk about?)
3. How did this relactivity/group/pro		es of your activity/group/program? Why do you think this information is rele	evant to the
4. How did you fe	el about the conve	ersation or event? Why?	

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5. Anything else you would add when you reflect back on the conversation or event?						
Your Feedback						
If you would like to, please give us your feedback, suggestions, comments on this survey/tool.						
,						
Organization:	Program:	Activity:				