

**Introduction**

This form serves to evaluate a measure from a management / project leader perspective regarding its implementation and sustainability. It is filled out by the project manager responsible for the named measure.

Title of measure:

Hospital:

Person in Charge:

Please check the appropriate box for each answer and provide details as required:

1.) To what extent could the measure be implemented?

Completely  - partly  - not at all

- If partly, which parts? (please provide reasons):

.....  
.....  
.....

2.) From your point of view, the measure was ..... to implement

Very easy  - easy  - difficult  - very difficult

3.) Please list :

- Enabling factors:

.....  
.....  
.....

- Obstacles to Progress:

.....  
.....  
.....



**migrant-friendly hospitals - SPB: rating of a measure  
July 04**

5.) How will the measure be continued? *(Please choose one and provide details/reasons)*

- the measure will NOT be continued:

.....  
.....  
.....

- the future is uncertain at this time:

.....  
.....  
.....

- the measure will be adapted and established later:

.....  
.....  
.....

- the measure is an established part of our service:

.....  
.....  
.....

- the measure will be extended:

.....  
.....  
.....

6.) Please make any suggestions/comments regarding your experience:

.....  
.....  
.....

**Thank you for your time and cooperation!**

