Evaluating Wellbeing using WEMWBS—Flowchart	
Your Project Name:	Contact mentalwellbeing@kent.gov.uk with details of your project or
Date :	with details of your project or fill in the online form here (this will automatically be sent
Named Lead :	through).
Complete 1st WEMWBS forms	
At the start of the first session / meeting: assign the participant with the project number and a participant ID number or ask them to complete WEMWBS using mothers maiden name and their year of birth. Send completed set of WEMWBS to the address below.	
Collection Date :/	
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Stage 2: Mid-point WEMWBS (if applicable)	
Ask project participants to complete a WEMWBS form and either mothers maiden name and year of birth. Send completed set of V	
Collection Date :/(if applicable)	HH /
Stage 3: Final WEMWBS	
Get participants to complete a final WEMWBS questi signed) or mothers maiden name and year of birth. S below.	. ,
Collection Date :/	

WEMWBS Forms and Addresses:

all supporting paperwork and forms can be found at: **liveitwell.org.uk/WEMWBS**Completed forms to: **WEMWBS Kent County Council**, **Public Health**, **Room 3.45 Sessions House**, **Maidstone**, **ME14 1XQ** using paperwork provided at the link above or for more information or help email: mentalwellbeing@kent.gov.uk