



“Increased opportunities for professional development in Apitherapy sector” (APITHERAPY)

CHECKING WORKSHOP REPORT





AIMS of the APITHERAPY project:

1. Create a curriculum based apitherapy and bee products science to alternative medicine in Europe and to create completely updated teaching materials on bee products in alternative medicine;
2. Promote entrepreneurship education for developing active citizenship, employability and creating new business (including social entrepreneurship), support future learning and career pathways for individuals, in accordance with their personal and professional development;
3. Update and improve instructors knowledge and improve related professional groups and environmental foundations and training centres need for training to bee products and use of alternative medicine;
4. Create of a network of stakeholders at local and regional level for keeping the attention of decision makers and other relevant institutions about the APITHERAPY;
5. Increase incomes of beekeepers through the use of bee products in alternative medicine.

Apitherapy project aims especially to train young agriculture and food engineers, medical staffs, beekeepers, and the relevant professional groups about and promote the use of the products of the hive for health, healing and demonstrate scientifically the effects of these products via with this project e-learning teaching materials.

The main objective of the project is to create completely updated teaching materials on bee products in alternative medicine.



In the context of the output O2 – A2, the Checking workshop activities were developed in order to receive feedback from the experts in beekeeping and apitherapy related to the first version of the curriculum. In each workshop participated up to 10 beekeepers (and in some partner countries more than 10) and experts in Apitherapy.

All of the partners had to organize a workshop with beekeepers and experts, with the purpose of testing the first version of the Apitherapy course.

CHECKING WORKSHOP METHODOLOGY

The methodology has been prepared in order to define and describe the **Checking workshop** activities foreseen in the Apitherapy project. COMU together with CPIP coordinated the activity of developing the *Checking workshop guideline* in the context of the output O2-A2 *Checking workshop*, but the contribution of the other partners was foreseen in terms of responsibilities for national content and development.

The partners used “Worksheets” and “Final questionnaire”, as forms of better collecting the feedback from the participants. After gathering the data, the partners completed the online versions of the tools to introduce the results into the system. The link for “Worksheets” and for “Final questionnaire” are as following:

- *Worksheets*: <https://adobeformscentral.com/?f=1O75rqqCtTi9jx2vn3-%2AUw>
- *Final Questionnaire*: <https://adobeformscentral.com/?f=8gyE%2Abr6n4aHR92fb-gfhQ>.



ROMANIA

The lead partner from **Romania**, CPIP – COMUNITATEA PENTRU INVATAREA PERMANENTA, organized an event in Timisoara, on the 28th of April 2015, with 11 attendees, from which 9 were beekeepers and experts, and 2 moderators (one of which being a beekeeper), as it can be seen on the participants list.

Please insert your e-mail address here:

CHAPTER 1

The time allotted for the activity was...

Too much	Just right	Not enough
<input type="radio"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input checked="" type="radio"/> 1	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 1
<input type="radio"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="radio"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="radio"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="radio"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="radio"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="radio"/> 7	<input checked="" type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="radio"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="radio"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
<input type="radio"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10

Did the information presented provide enough information to this topic?

- | YES | NO |
|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 0 |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 1 |
| <input type="checkbox"/> 2 | <input checked="" type="checkbox"/> 2 |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 3 |
| <input type="checkbox"/> 4 | <input type="checkbox"/> 4 |
| <input type="checkbox"/> 5 | <input type="checkbox"/> 5 |
| <input type="checkbox"/> 6 | <input type="checkbox"/> 6 |
| <input checked="" type="checkbox"/> 7 | <input type="checkbox"/> 7 |
| <input type="checkbox"/> 8 | <input type="checkbox"/> 8 |
| <input type="checkbox"/> 9 | <input type="checkbox"/> 9 |
| <input type="checkbox"/> 10 | <input type="checkbox"/> 10 |

If the answer is no, please add information, from your experience, that you consider it can be relevant for this topic.

Apilamil should have been mentioned in this chapter.

If the answer is no, what type of information you consider that can help you to develop Apitherapy activities?

Practical examples for diseases and their treatment. (prescription, duration of time, results)

Did you consider this topic important for the Apitherapy activities

	Not at all	A little	Can be	Important	Fully
0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CHAPTER 2

The time allotted for the activity was...

Too much	Just right	Not enough
<input type="radio"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input checked="" type="radio"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="radio"/> 2	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 2
<input type="radio"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="radio"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="radio"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="radio"/> 6	<input checked="" type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="radio"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="radio"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="radio"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
<input type="radio"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10

Did the information presented provide enough information to this topic?

YES	NO
<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input checked="" type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="checkbox"/> 9	<input type="checkbox"/> 9
<input type="checkbox"/> 10	<input type="checkbox"/> 10

If the answer is no, please add information, from your experience, that you consider it can be relevant for this topic.

Honey classification should be mentioned in this chapter.

If the answer is no, what type of information you consider that can help you to develop Apitherapy activities?

Did you consider this topic important for the Apitherapy activities

	Not at all	A little	Can be	Important	Fully
0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CHAPTER 3

The time allotted for the activity was...

Too much	Just right	Not enough
<input type="radio"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input checked="" type="radio"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="radio"/> 2	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 2
<input type="radio"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="radio"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="radio"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="radio"/> 6	<input checked="" type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="radio"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="radio"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="radio"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
<input type="radio"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10

Did the information presented provide enough information to this topic?



YES

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

NO

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

If the answer is no, please add information, from your experience, that you consider it can be relevant for this topic.

If the answer is no, what type of information you consider that can help you to develop Apitherapy activities?

Did you consider this topic important for the Apitherapy activities

	Not at all	A little	Can be	Important	Fully
0	<input type="radio"/>				
1	<input type="radio"/>				
2	<input type="radio"/>				
3	<input type="radio"/>				
4	<input type="radio"/>				
5	<input type="radio"/>				
6	<input type="radio"/>				
7	<input type="radio"/>				
8	<input type="radio"/>				
9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
10	<input type="radio"/>				

CHAPTER 4

The time allotted for the activity was...

Too much	Just right	Not enough
<input type="radio"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="radio"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="radio"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="radio"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="radio"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="radio"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="radio"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="radio"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="radio"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="radio"/> 9	<input checked="" type="checkbox"/> 9	<input type="checkbox"/> 9
<input type="radio"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10

Did the information presented provide enough information to this topic?



YES

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

NO

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

If the answer is no, please add information, from your experience, that you consider it can be relevant for this topic.

If the answer is no, what type of information you consider that can help you to develop Apitherapy activities?

Did you consider this topic important for the Apitherapy activities

	Not at all	A little	Can be	Important	Fully
0	<input type="radio"/>				
1	<input type="radio"/>				
2	<input type="radio"/>				
3	<input type="radio"/>				
4	<input type="radio"/>				
5	<input type="radio"/>				
6	<input type="radio"/>				
7	<input type="radio"/>				
8	<input type="radio"/>				
9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
10	<input type="radio"/>				

CHAPTER 5

The time allotted for the activity was...

Too much	Just right	Not enough
<input type="radio"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="radio"/> 1	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 1
<input type="radio"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input checked="" type="radio"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="radio"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="radio"/> 5	<input checked="" type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="radio"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="radio"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="radio"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="radio"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
<input type="radio"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10

Did the information presented provide enough information to this topic?

YES

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

NO

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

If the answer is no, please add information, from your experience, that you consider it can be relevant for this topic.

more diversified information

If the answer is no, what type of information you consider that can help you to develop Apitherapy activities?

Did you consider this topic important for the Apitherapy activities

	Not at all	A little	Can be	Important	Fully
0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CHAPTER 6

The time allotted for the activity was...

Too much	Just right	Not enough
<input type="radio"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="radio"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="radio"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="radio"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="radio"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="radio"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="radio"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="radio"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="radio"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="radio"/> 9	<input checked="" type="checkbox"/> 9	<input type="checkbox"/> 9
<input type="radio"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10

Did the information presented provide enough information to this topic?

YES	NO
<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input checked="" type="checkbox"/> 9	<input type="checkbox"/> 9
<input type="checkbox"/> 10	<input type="checkbox"/> 10

If the answer is no, please add information, from your experience, that you consider it can be relevant for this topic.

If the answer is no, what type of information you consider that can help you to develop Apitherapy activities?

Did you consider this topic important for the Apitherapy activities

	Not at all	A little	Can be	Important	Fully
0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CHAPTER 7

The time allotted for the activity was...

Too much	Just right	Not enough
<input type="radio"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input checked="" type="radio"/> 1	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 1
<input type="radio"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="radio"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="radio"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="radio"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="radio"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="radio"/> 7	<input checked="" type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="radio"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="radio"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
<input type="radio"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10

Did the information presented provide enough information to this topic?



YES

- 0
- 1
- 2
- 3
- 4
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- 6
- 7
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- 9
- 10

NO

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

If the answer is no, please add information, from your experience, that you consider it can be relevant for this topic.

More detailed information

If the answer is no, what type of information you consider that can help you to develop Apitherapy activities?

Did you consider this topic important for the Apitherapy activities

	Not at all	A little	Can be	Important	Fully
0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



ANALYSIS OF THE “WORKSHEETS” RESULTS, ROMANIA

The conclusions related to the first version of the Apitherapy Course, of the workshop participants from Timisoara, Romania, are as following:

- The majority of the participants considered the amount of time allotted for every chapter of the course was “just right”;
- Apilarnil should have been mentioned as a bee product used in apitherapy, and it should have its own dedicated chapter;
- Practical examples for diseases and their treatment should be included in the course (prescription, duration of time, results);
- The topics developed by this course are important for apitherapy activities;
- Honey classification should have been mentioned in the chapter dedicated to Honey;
- More detailed information and practical examples should be included in the course to better help the beekeepers in applying the gained knowledge.



Meeting Feedback

Please Insert your e-mail address here:

Meeting Feedback- Logistics

Were there enough breaks?...

YES	NO
<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input checked="" type="checkbox"/> 9	<input type="checkbox"/> 9
<input type="checkbox"/> 10	<input type="checkbox"/> 10

Was the meeting run on-time?

YES	NO
<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input checked="" type="checkbox"/> 9	<input type="checkbox"/> 9
<input type="checkbox"/> 10	<input type="checkbox"/> 10

Did the room arrangement facilitate the discussion?

YES	NO
<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input checked="" type="checkbox"/> 9	<input type="checkbox"/> 9
<input type="checkbox"/> 10	<input type="checkbox"/> 10

Were you provided with all of the needed materials?

- | YES | NO |
|---------------------------------------|-----------------------------|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 0 |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 1 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 2 |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 3 |
| <input type="checkbox"/> 4 | <input type="checkbox"/> 4 |
| <input type="checkbox"/> 5 | <input type="checkbox"/> 5 |
| <input type="checkbox"/> 6 | <input type="checkbox"/> 6 |
| <input type="checkbox"/> 7 | <input type="checkbox"/> 7 |
| <input type="checkbox"/> 8 | <input type="checkbox"/> 8 |
| <input checked="" type="checkbox"/> 9 | <input type="checkbox"/> 9 |
| <input type="checkbox"/> 10 | <input type="checkbox"/> 10 |

What did you like best about the meeting?

It was a pleasant, professional, educational environment.

What did you like least about the meeting?

The participants didn't introduce themselves

Working Group Session

The facilitator managed the session well.

Strongly Agree	Agree	Disagree	Strongly Disagree
<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 1
<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input checked="" type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10

Our group met the goal of our session.

Strongly Agree	Agree	Disagree	Strongly Disagree
<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input checked="" type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10

I felt that my input was valued.

Strongly Agree	Agree	Disagree	Strongly Disagree
<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input checked="" type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input checked="" type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10

My expertise was appropriate to contribute to this discussion.

YES	NOT	Somewhat
<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input checked="" type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10

The time allotted for this session was...



Too much	Just Right	Not enough
<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input checked="" type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10



ANALYSIS OF THE “FINAL QUESTIONNAIRE” RESULTS, ROMANIA

The participants of the Checking Workshop organized in Timisoara, Romania, considered there were enough breaks, the meeting was run on time, the room arrangement facilitated the discussion and that the necessary information was provided to them by the workshop moderators.

All the participants felt it was a pleasant, professional and educational environment.



Erasmus+



Erasmus+ Programme – Strategic Partnership

Project Nr: 2014-1-RO01-KA204-002705

Name and number of the multiplier event: Checking workshop

Event host organization: CPIP-COMUNITATEA PENTRU INVATAREA PERMANENTA

Place: Timisoara, Romania

Date: 28th of April 2015

PARTICIPANTS LIST

Nr.	Name	E-mail address	Residence town	Signature
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4	BRACAN IONEL ENEL	enelbracan@yahoo.com	Timisoara	
5	LUNGU GRIGORE	grigore_lungu@yahoo.com	TIMISOARA	
6	BOA PETRE	petreboadoc@yahoo.com	TIMISOARA	
7	MICU ANDREEA MONICA	micuandreeamonica@yahoo.com	TIMISOARA	
8	Huber Flavius	flaviushuber@yahoo.com	Timisoara	
9	GRADINARIU EUGEN	—	TIMISOARA	
10	Vlad Miclesca	—	Timisoara	
11	KELER IDAN	—	TIMISOARA	





APITHERAPY project has been funded with support from the European Commission, with the reference number 2014-1-RO01-KA204-002705. This publication reflects the views only of the author, and the Commission cannot be held responsible for any use which may be made of the information contained therein.



TURKEY

CANAKKALE ONSEKIZ MART UNIVERSITESI, from Turkey, organized the Checking Workshop on the 9th of April 2015, with 13 attendees, all beekeepers and experts.



WORKSHEETS

Please Insert your e-mail address here:

kemalcelik@comu.edu.tr

CHAPTER 1

The time allotted for the activity was...

Too much	Just right	Not enough
<input type="radio"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="radio"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="radio"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="radio"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="radio"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="radio"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="radio"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="radio"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="radio"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="radio"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
<input type="radio"/> 10	<input checked="" type="checkbox"/> 10	<input type="checkbox"/> 10

Did the information presented provide enough information to this topic?

YES	NO
<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="checkbox"/> 9	<input type="checkbox"/> 9
<input checked="" type="checkbox"/> 10	<input type="checkbox"/> 10

If the answer is no, please add information, from your experience, that you consider it can be relevant for this topic.

If the answer is no, what type of information you consider that can help you to develop Apitherapy activities?

Did you consider this topic Important for the Apitherapy activities

	Not at all	A little	Can be	Important	Fully
0	<input type="radio"/>				
1	<input type="radio"/>				
2	<input type="radio"/>				
3	<input type="radio"/>				
4	<input type="radio"/>				
5	<input type="radio"/>				
6	<input type="radio"/>				
7	<input type="radio"/>				
8	<input type="radio"/>				
9	<input type="radio"/>				
10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

CHAPTER 2

The time allotted for the activity was...

Too much	Just right	Not enough
<input type="radio"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="radio"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="radio"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="radio"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="radio"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="radio"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="radio"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="radio"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="radio"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="radio"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
<input type="radio"/> 10	<input checked="" type="checkbox"/> 10	<input type="checkbox"/> 10

Did the information presented provide enough information to this topic?



- | YES | NO |
|--|-----------------------------|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 0 |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 1 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 2 |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 3 |
| <input type="checkbox"/> 4 | <input type="checkbox"/> 4 |
| <input type="checkbox"/> 5 | <input type="checkbox"/> 5 |
| <input type="checkbox"/> 6 | <input type="checkbox"/> 6 |
| <input type="checkbox"/> 7 | <input type="checkbox"/> 7 |
| <input type="checkbox"/> 8 | <input type="checkbox"/> 8 |
| <input type="checkbox"/> 9 | <input type="checkbox"/> 9 |
| <input checked="" type="checkbox"/> 10 | <input type="checkbox"/> 10 |

If the answer is no, please add information, from your experience, that you consider it can be relevant for this topic.

If the answer is no, what type of information you consider that can help you to develop Apitherapy activities?

Did you consider this topic Important for the Apitherapy activities

	Not at all	A little	Can be	Important	Fully
0	<input type="radio"/>				
1	<input type="radio"/>				
2	<input type="radio"/>				
3	<input type="radio"/>				
4	<input type="radio"/>				
5	<input type="radio"/>				
6	<input type="radio"/>				
7	<input type="radio"/>				
8	<input type="radio"/>				
9	<input type="radio"/>				
10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

CHAPTER 3

The time allotted for the activity was...

Too much	Just right	Not enough
<input type="radio"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="radio"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="radio"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="radio"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="radio"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="radio"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="radio"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="radio"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="radio"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="radio"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
<input type="radio"/> 10	<input checked="" type="checkbox"/> 10	<input type="checkbox"/> 10

Did the information presented provide enough information to this topic?

YES	NO
<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="checkbox"/> 9	<input type="checkbox"/> 9
<input checked="" type="checkbox"/> 10	<input type="checkbox"/> 10

If the answer is no, please add information, from your experience, that you consider it can be relevant for this topic.

If the answer is no, what type of information you consider that can help you to develop Apitherapy activities?

Did you consider this topic important for the Apitherapy activities

	Not at all	A little	Can be	Important	Fully
0	<input type="radio"/>				
1	<input type="radio"/>				
2	<input type="radio"/>				
3	<input type="radio"/>				
4	<input type="radio"/>				
5	<input type="radio"/>				
6	<input type="radio"/>				
7	<input type="radio"/>				
8	<input type="radio"/>				
9	<input type="radio"/>				
10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

CHAPTER 4

The time allotted for the activity was...

Too much	Just right	Not enough
<input type="radio"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="radio"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="radio"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="radio"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="radio"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="radio"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="radio"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="radio"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="radio"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="radio"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
<input type="radio"/> 10	<input checked="" type="checkbox"/> 10	<input type="checkbox"/> 10

Did the information presented provide enough information to this topic?

- | YES | NO |
|--|-----------------------------|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 0 |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 1 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 2 |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 3 |
| <input type="checkbox"/> 4 | <input type="checkbox"/> 4 |
| <input type="checkbox"/> 5 | <input type="checkbox"/> 5 |
| <input type="checkbox"/> 6 | <input type="checkbox"/> 6 |
| <input type="checkbox"/> 7 | <input type="checkbox"/> 7 |
| <input type="checkbox"/> 8 | <input type="checkbox"/> 8 |
| <input type="checkbox"/> 9 | <input type="checkbox"/> 9 |
| <input checked="" type="checkbox"/> 10 | <input type="checkbox"/> 10 |

If the answer is no, please add information, from your experience, that you consider it can be relevant for this topic.

If the answer is no, what type of information you consider that can help you to develop Apitherapy activities?

Did you consider this topic important for the Apitherapy activities

	Not at all	A little	Can be	Important	Fully
0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

CHAPTER 5

The time allotted for the activity was...

Too much	Just right	Not enough
<input type="radio"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="radio"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="radio"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="radio"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="radio"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="radio"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="radio"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="radio"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="radio"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="radio"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
<input type="radio"/> 10	<input checked="" type="checkbox"/> 10	<input type="checkbox"/> 10

Did the information presented provide enough information to this topic?

YES	NO
<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="checkbox"/> 9	<input type="checkbox"/> 9
<input checked="" type="checkbox"/> 10	<input type="checkbox"/> 10

If the answer is no, please add information, from your experience, that you consider it can be relevant for this topic.

If the answer is no, what type of information you consider that can help you to develop Apitherapy activities?

Did you consider this topic Important for the Apitherapy activities

	Not at all	A little	Can be	Important	Fully
0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

CHAPTER 6

The time allotted for the activity was...

Too much	Just right	Not enough
<input type="radio"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="radio"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="radio"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="radio"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="radio"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="radio"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="radio"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="radio"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="radio"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="radio"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
<input type="radio"/> 10	<input checked="" type="checkbox"/> 10	<input type="checkbox"/> 10

Did the information presented provide enough information to this topic?

YES	NO
<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="checkbox"/> 9	<input type="checkbox"/> 9
<input checked="" type="checkbox"/> 10	<input type="checkbox"/> 10

If the answer is no, please add information, from your experience, that you consider it can be relevant for this topic.

If the answer is no, what type of information you consider that can help you to develop Apitherapy activities?

Did you consider this topic important for the Apitherapy activities

	Not at all	A little	Can be	Important	Fully
0	<input type="radio"/>				
1	<input type="radio"/>				
2	<input type="radio"/>				
3	<input type="radio"/>				
4	<input type="radio"/>				
5	<input type="radio"/>				
6	<input type="radio"/>				
7	<input type="radio"/>				
8	<input type="radio"/>				
9	<input type="radio"/>				
10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

CHAPTER 7

The time allotted for the activity was...

Too much	Just right	Not enough
<input type="radio"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="radio"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="radio"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="radio"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="radio"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="radio"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="radio"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="radio"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="radio"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="radio"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
<input type="radio"/> 10	<input checked="" type="checkbox"/> 10	<input type="checkbox"/> 10

Did the information presented provide enough information to this topic?

- | YES | NO |
|--|-----------------------------|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 0 |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 1 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 2 |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 3 |
| <input type="checkbox"/> 4 | <input type="checkbox"/> 4 |
| <input type="checkbox"/> 5 | <input type="checkbox"/> 5 |
| <input type="checkbox"/> 6 | <input type="checkbox"/> 6 |
| <input type="checkbox"/> 7 | <input type="checkbox"/> 7 |
| <input type="checkbox"/> 8 | <input type="checkbox"/> 8 |
| <input type="checkbox"/> 9 | <input type="checkbox"/> 9 |
| <input checked="" type="checkbox"/> 10 | <input type="checkbox"/> 10 |

If the answer is no, please add information, from your experience, that you consider it can be relevant for this topic.

If the answer is no, what type of information you consider that can help you to develop Apitherapy activities?

Did you consider this topic important for the Apitherapy activities

	Not at all	A little	Can be	Important	Fully
0	<input type="radio"/>				
1	<input type="radio"/>				
2	<input type="radio"/>				
3	<input type="radio"/>				
4	<input type="radio"/>				
5	<input type="radio"/>				
6	<input type="radio"/>				
7	<input type="radio"/>				
8	<input type="radio"/>				
9	<input type="radio"/>				
10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>



ANALYSIS OF THE “WORKSHEETS” RESULTS, COMU, TURKEY

Active participation was expected from the participants (Beekeepers, Businessmen, and academics, Engineer, Veterinary and Medicals). The participants were then divided into five groups. Each group had to have participants from different sectors, as well as other stakeholders (people interested in beekeeping). The Checking Workshop was guided by a professional facilitator so that work in groups could be guided by and exchanged in alternating plenary and working group sessions.

The participants who attended the Checking Workshop organized by Çanakkale Onsekiz Mart University in Çanakkale, considered the time allotted for every chapter of the Apitherapy Course as being “just right”.

The information provided by the workshop moderators was enough, and the topics addressed by this course are important for developing apitherapy activities.



Meeting Feedback

Please Insert your e-mail address here:

kemalcelik@comu.edu.tr

Meeting Feedback- Logistics

Were there enough breaks?...

YES

NO

Was the meeting run on-time?

YES	NO
<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="checkbox"/> 9	<input type="checkbox"/> 9
<input checked="" type="checkbox"/> 10	<input type="checkbox"/> 10

Did the room arrangement facilitate the discussion?

YES	NO
<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="checkbox"/> 9	<input type="checkbox"/> 9
<input checked="" type="checkbox"/> 10	<input type="checkbox"/> 10

Were you provided with all of the needed materials?

YES	NO
<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="checkbox"/> 9	<input type="checkbox"/> 9
<input checked="" type="checkbox"/> 10	<input type="checkbox"/> 10

What did you like best about the meeting?

Project topic was very interesting to Canakkale region' beekeepers. They need new innovative information about apitherapy, therefore they were very interested to the meeting. It was pleasure to us.

What did you like least about the meeting?

There was no any difficulty during the APITHERAPY workshop for us.

Working Group Session

The facilitator managed the session well.

Strongly Agree	Agree	Disagree	Strongly Disagree
<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
<input checked="" type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10

Our group met the goal of our session.

Strongly Agree	Agree	Disagree	Strongly Disagree
<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
<input checked="" type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10

I felt that my input was valued.

Strongly Agree	Agree	Disagree	Strongly Disagree
<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
<input type="checkbox"/> 10	<input checked="" type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10

My expertise was appropriate to contribute to this discussion.

YES	NOT	Somewhat
<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
<input checked="" type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10

The time allotted for this session was...

Too much	Just Right	Not enough
<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
<input type="checkbox"/> 10	<input checked="" type="checkbox"/> 10	<input type="checkbox"/> 10



ANALYSIS OF “FINAL QUESTIONNAIRE” RESULTS, COMU, TURKEY

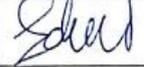
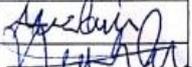
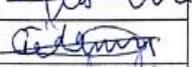
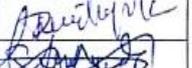
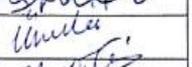
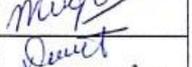
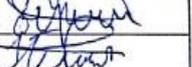
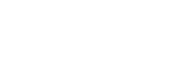
The workshop attendees felt there were enough breaks, that the meeting respected the initially set timeframe, enough materials related to the Apitherapy Course were provided by the moderators and that the discussion was facilitated by the room arrangement.

Their conclusions:

- The project topic was very interesting to Canakkale region's beekeepers. They need innovation information about apitherapy, therefore they were very interested about this event. It was a pleasure for them to participate at the workshop.

Erasmus+ Programme – Strategic Partnership, Project No: 2014-1-RO01-A204-002705, Name and number of the multiplier event:
Event host organization: ÇÜBİ Place: Çanakkale, Date: 09,04,2015

PARTICIPANTS LIST

No.	Name	ID	Sending organization (name&address)	Signature
	Sevgi KÂHYA	10.532.001.192	Barbaros Mah. Tayyareci Yzb. Sadettin Bey Sok.No:15 Çanakkale	
	Erdal KURT	16.369.806.290	Cumhuriyet Mah. Atatürk Cd. Orhangazi Sok. No:3 Kepez/Çnk	
	Hasan ÇAKAR	32.728.242.684	Barbaros Mah. Aydın Kent Sitesi B 2/2	
	Mustafa GÜLER	48.169.527.372	Barbaros Mah. Yağcıoğlu Sk. No:10/2	
	Çetin ÜSTUNER	51.082.319.818	Cumhuriyet Mah. İlyas Bakkal Cad.	
	Hüseyin KOCABIYIK	16.744.773.278	Boğazkent Mh. 5 Cd. 5/2	
	Suat ARISOY	39.499.035.002	Esenler Mh. Ahmet Piriştina Cd. 10	
	İsmail ÜNLÜ	13.021.918.162	Cumhuriyet Mh. Altan Sk. No:5	
	Mehmet UYANIK	32.469.236.680	Cumhuriyet Mh. Kabatepe Sk. No:4	
	Davut YILMAZ	34.174.213.140	Çınarlı Köyü-ÇANAKKALE	
	İsa KARADUMAN	22.798.592.048	Cumhuriyet Mh. Şehit Osman Sk.	
	Osman KAPLAN	29.347.359.114	Esenler Mah. Çetin Emec Cad. Tevfik	
	İsmail TUNCA	17.905.755.560	Hacı Faik Cad. Öykü Sk. No:6	





POLAND

ARID Lacjum, the partner from Poland, organized the workshop on the 30th of April, in Wilkow, with a total number of 18 members from beekeepers associations.



WORKSHEETS

Please Insert your e-mail address here:

CHAPTER 1

The time allotted for the activity was...

Too much	Just right	Not enough
<input type="radio"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input checked="" type="radio"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="radio"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="radio"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="radio"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="radio"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="radio"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="radio"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="radio"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="radio"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
<input type="radio"/> 10	<input checked="" type="checkbox"/> 10	<input type="checkbox"/> 10

Did the information presented provide enough information to this topic?

YES	NO
<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="checkbox"/> 9	<input type="checkbox"/> 9
<input checked="" type="checkbox"/> 10	<input type="checkbox"/> 10

If the answer is no, please add information, from your experience, that you consider it can be relevant for this topic.

If the answer is no, what type of information you consider that can help you to develop Apitherapy activities?

Did you consider this topic Important for the Apitherapy activities

	Not at all	A little	Can be	Important	Fully
0	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

CHAPTER 2

The time allotted for the activity was...

Too much	Just right	Not enough
<input type="radio"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="radio"/> 1	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 1
<input type="radio"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="radio"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="radio"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="radio"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="radio"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="radio"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="radio"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="radio"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
<input type="radio"/> 10	<input checked="" type="checkbox"/> 10	<input type="checkbox"/> 10

Did the information presented provide enough information to this topic?

YES	NO
<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="checkbox"/> 9	<input type="checkbox"/> 9
<input checked="" type="checkbox"/> 10	<input type="checkbox"/> 10

If the answer is no, please add information, from your experience, that you consider it can be relevant for this topic.

If the answer is no, what type of information you consider that can help you to develop Apitherapy activities?

Did you consider this topic Important for the Apitherapy activities

	Not at all	A little	Can be	Important	Fully
0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CHAPTER 3

The time allotted for the activity was...

Too much	Just right	Not enough
<input type="radio"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input checked="" type="radio"/> 1	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 1
<input type="radio"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="radio"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="radio"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="radio"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="radio"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="radio"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="radio"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="radio"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
<input type="radio"/> 10	<input checked="" type="checkbox"/> 10	<input type="checkbox"/> 10

Did the information presented provide enough information to this topic?

YES	NO
<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="checkbox"/> 9	<input type="checkbox"/> 9
<input checked="" type="checkbox"/> 10	<input type="checkbox"/> 10

If the answer is no, please add information, from your experience, that you consider it can be relevant for this topic.

- propolis is very sensitizer (we should inform people about it before buying).
- methods of preparation for propolis so that it has to have mainly medicines.

If the answer is no, what type of information you consider that can help you to develop Apitherapy activities?

Did you consider this topic important for the Apitherapy activities

	Not at all	A little	Can be	Important	Fully
0	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CHAPTER 4

The time allotted for the activity was...

Too much	Just right	Not enough
<input type="radio"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="radio"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="radio"/> 2	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 2
<input type="radio"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="radio"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="radio"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="radio"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="radio"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="radio"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="radio"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
<input type="radio"/> 10	<input checked="" type="checkbox"/> 10	<input type="checkbox"/> 10

Did the information presented provide enough information to this topic?

YES	NO
<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="checkbox"/> 9	<input type="checkbox"/> 9
<input checked="" type="checkbox"/> 10	<input type="checkbox"/> 10

If the answer is no, please add information, from your experience, that you consider it can be relevant for this topic.

Informing people about allergic sensitizing and desensitizing. More information how to use pollen.

If the answer is no, what type of information you consider that can help you to develop Apitherapy activities?

Did you consider this topic Important for the Apitherapy activities

	Not at all	A little	Can be	Important	Fully
0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CHAPTER 5

The time allotted for the activity was...

Too much	Just right	Not enough
<input type="radio"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="radio"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="radio"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="radio"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="radio"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="radio"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="radio"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="radio"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="radio"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="radio"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
<input type="radio"/> 10	<input checked="" type="checkbox"/> 10	<input type="checkbox"/> 10

Did the information presented provide enough information to this topic?

YES	NO
<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="checkbox"/> 9	<input type="checkbox"/> 9
<input checked="" type="checkbox"/> 10	<input type="checkbox"/> 10

If the answer is no, please add information, from your experience, that you consider it can be relevant for this topic.

If the answer is no, what type of information you consider that can help you to develop Apitherapy activities?

Did you consider this topic important for the Apitherapy activities

	Not at all	A little	Can be	Important	Fully
0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CHAPTER 6

The time allotted for the activity was...

Too much	Just right	Not enough
<input type="radio"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="radio"/> 1	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 1
<input type="radio"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="radio"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="radio"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="radio"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="radio"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="radio"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="radio"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="radio"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
<input type="radio"/> 10	<input checked="" type="checkbox"/> 10	<input type="checkbox"/> 10

Did the information presented provide enough information to this topic?

YES	NO
<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="checkbox"/> 9	<input type="checkbox"/> 9
<input checked="" type="checkbox"/> 10	<input type="checkbox"/> 10

If the answer is no, please add information, from your experience, that you consider it can be relevant for this topic.

More information about royal jelly

If the answer is no, what type of information you consider that can help you to develop Apitherapy activities?

Did you consider this topic important for the Apitherapy activities

	Not at all	A little	Can be	Important	Fully
0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CHAPTER 7

The time allotted for the activity was...

Too much	Just right	Not enough
<input type="radio"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="radio"/> 1	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 1
<input type="radio"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="radio"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="radio"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="radio"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="radio"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="radio"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="radio"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="radio"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
<input type="radio"/> 10	<input checked="" type="checkbox"/> 10	<input type="checkbox"/> 10

Did the information presented provide enough information to this topic?

YES	NO
<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="checkbox"/> 9	<input type="checkbox"/> 9
<input checked="" type="checkbox"/> 10	<input type="checkbox"/> 10

If the answer is no, please add information, from your experience, that you consider it can be relevant for this topic.

Treatment of multiple sclerosis by bee venom.

If the answer is no, what type of information you consider that can help you to develop Apitherapy activities?

Did you consider this topic important for the Apitherapy activities

	Not at all	A little	Can be	Important	Fully
0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ANALYSIS OF “WORKSHEETS” RESULTS, POLAND

The participants considered the workshop moderators respected the timeframe for each chapter of the Apitherapy course and the topics addressed by the project's course are important for developing apitherapy activities.

The conclusions of the participants who attended the workshop organized in Poland, are as following:

- Regarding propolis, people must be informed properly about it before buying it.
- Methods of propolis preparation should be included in the chapter dedicated to Propolis;
- People should be informed about allergic sensitizing and desensitizing. More information about how to use pollen should be included in its chapter.
- More detailed information about royal jelly should be included;
- Information about treating Multiple Sclerosis with bee venom should be mentioned in the chapter designated to this bee product.



Meeting Feedback

Please Insert your e-mail address here:

lajum@lajum.org

Meeting Feedback- Logistics

Were there enough breaks?...

YES

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

NO

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

Was the meeting run on-time?

YES	NO
<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="checkbox"/> 9	<input type="checkbox"/> 9
<input checked="" type="checkbox"/> 10	<input type="checkbox"/> 10

Did the room arrangement facilitate the discussion?

YES	NO
<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="checkbox"/> 9	<input type="checkbox"/> 9
<input checked="" type="checkbox"/> 10	<input type="checkbox"/> 10

Were you provided with all of the needed materials?

- | YES | NO |
|--|-----------------------------|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 0 |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 1 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 2 |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 3 |
| <input type="checkbox"/> 4 | <input type="checkbox"/> 4 |
| <input type="checkbox"/> 5 | <input type="checkbox"/> 5 |
| <input type="checkbox"/> 6 | <input type="checkbox"/> 6 |
| <input type="checkbox"/> 7 | <input type="checkbox"/> 7 |
| <input type="checkbox"/> 8 | <input type="checkbox"/> 8 |
| <input type="checkbox"/> 9 | <input type="checkbox"/> 9 |
| <input checked="" type="checkbox"/> 10 | <input type="checkbox"/> 10 |

What did you like best about the meeting?

What did you like least about the meeting?

Working Group Session

The facilitator managed the session well.

Strongly Agree	Agree	Disagree	Strongly Disagree
<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input checked="" type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10

Our group met the goal of our session.

Strongly Agree	Agree	Disagree	Strongly Disagree
<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input checked="" type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10

I felt that my input was valued.

Strongly Agree	Agree	Disagree	Strongly Disagree
<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input checked="" type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10

My expertise was appropriate to contribute to this discussion.

YES	NOT	Somewhat
<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input checked="" type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10

The time allotted for this session was...



Too much	Just Right	Not enough
<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
<input type="checkbox"/> 10	<input checked="" type="checkbox"/> 10	<input type="checkbox"/> 10



ANALYSIS OF “FINAL QUESTIONNAIRE” RESULTS, POLAND

The attendees considered there were enough breaks, the meeting was run on time, all the necessary materials related to the Apitherapy project were distributed to them and the discussion was facilitated by the room arrangement.

They also agreed the facilitator managed the discussion well, the groups achieved the goal of the session and its members input was valued, together with their expertise.



Warsztaty oceniające program projektu Apiterapia
Evaluation workshop of the Apitherapy project
Wilków 30.04.2015

Lp.	Imię i nazwisko	Telefon kontaktowy	Podpis
1	Waldemar Lejtkowski	50047414	<i>Waldemar Lejtkowski</i>
2	Anna Leszczyńska	11-651-21-28	<i>Anna Leszczyńska</i>
3	Krzysztof Jadaś	12 695-81-18	<i>Krzysztof Jadaś</i>
4	Arkadiusz Jurek	12 387 75 72	<i>Arkadiusz Jurek</i>
5	Sergiusz Jait	12 387 14 26	<i>Sergiusz Jait</i>
6	Michał Flanek	135 934 088	<i>Michał Flanek</i>
7	Wioletta Szymant	787 410 470	<i>Wioletta Szymant</i>
8	Szalbivak Jan	690 014 473	<i>Szalbivak Jan</i>
9	Anna Kowalska	602848705	<i>Anna Kowalska</i>
10	Anna Kowalska	123882735	<i>Anna Kowalska</i>
11	Maciej Marzec	517531108	<i>Maciej Marzec</i>
12	Bogdan Tomasz	601653713	<i>Bogdan Tomasz</i>



Warsztaty oceniające program projektu Apiterapia
Evaluation workshop of the Apitherapy project
Wilków 30.04.2015

Lp.	Imię i nazwisko	Telefon kontaktowy	Podpis
13	Janina Szlachetka	510216762	<i>Janina Szlachetka</i>
14	Grzegorz Feliks	606 603 88	<i>Grzegorz Feliks</i>
15	Janina Szlachetka	664043046	<i>Janina Szlachetka</i>
16	GABRIEL WYCESAWY	794-555-052	<i>GABRIEL WYCESAWY</i>
17	Andrzej Wit	671 655 670	<i>Andrzej Wit</i>
18	Piotr Dominiakowski	12 387 14 70	<i>Piotr Dominiakowski</i>





TURKEY

Balikesir Universitesi, from Turkey, organized the Checking Workshop in a meeting room of the University, with 16 participants: 2 expert beekeepers, 3 veterinarian/zootechnists experts on beekeeping and bee products, 2 academic staff from food science and food hygiene-technology department, 1 dietetician, 8 students from food science and technology department.



WORKSHEETS

Please Insert your e-mail address here:

CHAPTER 1

The time allotted for the activity was...

Too much	Just right	Not enough
<input type="radio"/> 0	<input type="checkbox"/> 0	<input checked="" type="checkbox"/> 0
<input type="radio"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input checked="" type="radio"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="radio"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="radio"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="radio"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="radio"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="radio"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="radio"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="radio"/> 9	<input checked="" type="checkbox"/> 9	<input type="checkbox"/> 9
<input type="radio"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10

Did the information presented provide enough information to this topic?

YES	NO
<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="checkbox"/> 9	<input type="checkbox"/> 9
<input checked="" type="checkbox"/> 10	<input type="checkbox"/> 10

If the answer is no, please add information, from your experience, that you consider it can be relevant for this topic.

If the answer is no, what type of information you consider that can help you to develop Apitherapy activities?

Did you consider this topic important for the Apitherapy activities

	Not at all	A little	Can be	Important	Fully
0	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CHAPTER 2

The time allotted for the activity was...

Too much	Just right	Not enough
<input type="radio"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input checked="" type="radio"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="radio"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="radio"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="radio"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="radio"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="radio"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="radio"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="radio"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="radio"/> 9	<input checked="" type="checkbox"/> 9	<input type="checkbox"/> 9
<input type="radio"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10

Did the information presented provide enough information to this topic?

YES	NO
<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input checked="" type="checkbox"/> 9	<input type="checkbox"/> 9
<input type="checkbox"/> 10	<input type="checkbox"/> 10

If the answer is no, please add information, from your experience, that you consider it can be relevant for this topic.

If the answer is no, what type of information you consider that can help you to develop Apitherapy activities?

Did you consider this topic Important for the Apitherapy activities

	Not at all	A little	Can be	Important	Fully
0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CHAPTER 3

The time allotted for the activity was...

Too much	Just right	Not enough
<input type="radio"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input checked="" type="radio"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="radio"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="radio"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="radio"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="radio"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="radio"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="radio"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="radio"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="radio"/> 9	<input checked="" type="checkbox"/> 9	<input type="checkbox"/> 9
<input type="radio"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10

Did the information presented provide enough information to this topic?

YES	NO
<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input checked="" type="checkbox"/> 9	<input type="checkbox"/> 9
<input type="checkbox"/> 10	<input type="checkbox"/> 10

If the answer is no, please add information, from your experience, that you consider it can be relevant for this topic.

If the answer is no, what type of information you consider that can help you to develop Apitherapy activities?

Did you consider this topic important for the Apitherapy activities

	Not at all	A little	Can be	Important	Fully
0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

CHAPTER 4

The time allotted for the activity was...

Too much	Just right	Not enough
<input type="radio"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input checked="" type="radio"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="radio"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="radio"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="radio"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="radio"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="radio"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="radio"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="radio"/> 8	<input checked="" type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="radio"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
<input type="radio"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10

Did the information presented provide enough information to this topic?

YES	NO
<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input checked="" type="checkbox"/> 9	<input type="checkbox"/> 9
<input type="checkbox"/> 10	<input type="checkbox"/> 10

If the answer is no, please add information, from your experience, that you consider it can be relevant for this topic.

If the answer is no, what type of information you consider that can help you to develop Apitherapy activities?

Did you consider this topic important for the Apitherapy activities

	Not at all	A little	Can be	Important	Fully
0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CHAPTER 5

The time allotted for the activity was...

Too much	Just right	Not enough
<input type="radio"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input checked="" type="radio"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="radio"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="radio"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="radio"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="radio"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="radio"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="radio"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="radio"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="radio"/> 9	<input checked="" type="checkbox"/> 9	<input type="checkbox"/> 9
<input type="radio"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10

Did the information presented provide enough information to this topic?

YES	NO
<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input checked="" type="checkbox"/> 9	<input type="checkbox"/> 9
<input type="checkbox"/> 10	<input type="checkbox"/> 10

If the answer is no, please add information, from your experience, that you consider it can be relevant for this topic.

If the answer is no, what type of information you consider that can help you to develop Apitherapy activities?

Did you consider this topic important for the Apitherapy activities

	Not at all	A little	Can be	Important	Fully
0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CHAPTER 6

The time allotted for the activity was...

Too much	Just right	Not enough
<input type="radio"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="radio"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input checked="" type="radio"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="radio"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="radio"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="radio"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="radio"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="radio"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="radio"/> 8	<input checked="" type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="radio"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
<input type="radio"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10

Did the information presented provide enough information to this topic?



- | YES | NO |
|---------------------------------------|-----------------------------|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 0 |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 1 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 2 |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 3 |
| <input type="checkbox"/> 4 | <input type="checkbox"/> 4 |
| <input type="checkbox"/> 5 | <input type="checkbox"/> 5 |
| <input type="checkbox"/> 6 | <input type="checkbox"/> 6 |
| <input type="checkbox"/> 7 | <input type="checkbox"/> 7 |
| <input type="checkbox"/> 8 | <input type="checkbox"/> 8 |
| <input checked="" type="checkbox"/> 9 | <input type="checkbox"/> 9 |
| <input type="checkbox"/> 10 | <input type="checkbox"/> 10 |

If the answer is no, please add information, from your experience, that you consider it can be relevant for this topic.

If the answer is no, what type of information you consider that can help you to develop Apitherapy activities?

Did you consider this topic important for the Apitherapy activities

	Not at all	A little	Can be	Important	Fully
0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CHAPTER 7

The time allotted for the activity was...

Too much	Just right	Not enough
<input type="radio"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input checked="" type="radio"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="radio"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="radio"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="radio"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="radio"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="radio"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="radio"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="radio"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="radio"/> 9	<input checked="" type="checkbox"/> 9	<input type="checkbox"/> 9
<input type="radio"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10

Did the information presented provide enough information to this topic?

YES	NO
<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="checkbox"/> 9	<input type="checkbox"/> 9
<input checked="" type="checkbox"/> 10	<input type="checkbox"/> 10

If the answer is no, please add information, from your experience, that you consider it can be relevant for this topic.

If the answer is no, what type of information you consider that can help you to develop Apitherapy activities?

Did you consider this topic important for the Apitherapy activities

	Not at all	A little	Can be	Important	Fully
0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



ANALYSIS OF “WORKSHEETS” RESULTS, BALIKESIR UNIVERSITY, TURKEY

They think that honey is mostly considered as being a food, it is not known for its use in apitherapy. They indicated that the pollen, propolis, Royal Jelly and bee venom are the main apitherapy products of the bees. The importance of propolis for dermatological use is increasing. However, the workshop participants consider beekeepers don't have much information about the use of Royal Jelly and propolis. They also want to learn about use of bee venom for apitherapy.

In conclusion the participants are interested in the APITHERAPY project and they will wait for its products.



Meeting Feedback

Please Insert your e-mail address here:

Meeting Feedback- Logistics

Were there enough breaks? ...

YES	NO
<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="checkbox"/> 9	<input type="checkbox"/> 9
<input checked="" type="checkbox"/> 10	<input type="checkbox"/> 10

Was the meeting run on-time?

YES	NO
<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="checkbox"/> 9	<input type="checkbox"/> 9
<input checked="" type="checkbox"/> 10	<input type="checkbox"/> 10

Did the room arrangement facilitate the discussion?

YES	NO
<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="checkbox"/> 9	<input type="checkbox"/> 9
<input checked="" type="checkbox"/> 10	<input type="checkbox"/> 10

Were you provided with all of the needed materials?

- | YES | NO |
|--|-----------------------------|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 0 |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 1 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 2 |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 3 |
| <input type="checkbox"/> 4 | <input type="checkbox"/> 4 |
| <input type="checkbox"/> 5 | <input type="checkbox"/> 5 |
| <input type="checkbox"/> 6 | <input type="checkbox"/> 6 |
| <input type="checkbox"/> 7 | <input type="checkbox"/> 7 |
| <input type="checkbox"/> 8 | <input type="checkbox"/> 8 |
| <input type="checkbox"/> 9 | <input type="checkbox"/> 9 |
| <input checked="" type="checkbox"/> 10 | <input type="checkbox"/> 10 |

What did you like best about the meeting?

The subject is interesting

What did you like least about the meeting?

Working Group Session

The facilitator managed the session well.

Strongly Agree	Agree	Disagree	Strongly Disagree
<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input checked="" type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
<input type="checkbox"/> 10	<input checked="" type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10

Our group met the goal of our session.

Strongly Agree	Agree	Disagree	Strongly Disagree
<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
<input type="checkbox"/> 10	<input checked="" type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10

I felt that my input was valued.

Strongly Agree	Agree	Disagree	Strongly Disagree
<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input checked="" type="checkbox"/> 9	<input checked="" type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10

My expertise was appropriate to contribute to this discussion.

YES	NOT	Somewhat
<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
<input checked="" type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10

The time allotted for this session was...

Too much	Just Right	Not enough
<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
<input type="checkbox"/> 10	<input checked="" type="checkbox"/> 10	<input type="checkbox"/> 10



ANALYSIS OF “FINAL QUESTIONNAIRE” RESULTS, BALIKESIR UNIVERSITY, TURKEY

The Checking Workshop participants considered there were enough breaks, the meeting was run on time, all the necessary materials related to the Apitherapy project were distributed to them and the discussion was facilitated by the room arrangement. They also agreed the facilitator managed the discussion well, the group achieved the goal of the session and its members input was appreciated, together with their expertise.

Apitherapy Projesi
Diseminasyon Aktiviteleri Katılımcı Listesi
(Dissemination Activities Participant List)

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APITHERAPY project has been funded with support from the European Commission, with the reference number 2014-1-RO01-KA204-002705. This publication reflects the views only of the author, and the Commission cannot be held responsible for any use which may be made of the information contained therein.



TURKEY

Canakkale Ili Ari Yetistiricileri, the beekeepers association from Turkey, organized the Checking Workshop with 12 participants, experts in beekeeping, on the 9th of April 2015, in Canakkale.



WORKSHEETS

Please Insert your e-mail address here:

CHAPTER 1

The time allotted for the activity was...

Too much	Just right	Not enough
<input type="radio"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="radio"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="radio"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="radio"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="radio"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="radio"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="radio"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="radio"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="radio"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="radio"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
<input type="radio"/> 10	<input checked="" type="checkbox"/> 10	<input type="checkbox"/> 10

Did the information presented provide enough information to this topic?

- | YES | NO |
|--|-----------------------------|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 0 |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 1 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 2 |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 3 |
| <input type="checkbox"/> 4 | <input type="checkbox"/> 4 |
| <input type="checkbox"/> 5 | <input type="checkbox"/> 5 |
| <input type="checkbox"/> 6 | <input type="checkbox"/> 6 |
| <input type="checkbox"/> 7 | <input type="checkbox"/> 7 |
| <input type="checkbox"/> 8 | <input type="checkbox"/> 8 |
| <input type="checkbox"/> 9 | <input type="checkbox"/> 9 |
| <input checked="" type="checkbox"/> 10 | <input type="checkbox"/> 10 |

If the answer is no, please add information, from your experience, that you consider it can be relevant for this topic.

If the answer is no, what type of information you consider that can help you to develop Apitherapy activities?

Did you consider this topic Important for the Apitherapy activities

	Not at all	A little	Can be	Important	Fully
0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

CHAPTER 2

The time allotted for the activity was...

Too much	Just right	Not enough
<input type="radio"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="radio"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="radio"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="radio"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="radio"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="radio"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="radio"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="radio"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="radio"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="radio"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
<input type="radio"/> 10	<input checked="" type="checkbox"/> 10	<input type="checkbox"/> 10

Did the information presented provide enough information to this topic?



- | YES | NO |
|--|-----------------------------|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 0 |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 1 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 2 |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 3 |
| <input type="checkbox"/> 4 | <input type="checkbox"/> 4 |
| <input type="checkbox"/> 5 | <input type="checkbox"/> 5 |
| <input type="checkbox"/> 6 | <input type="checkbox"/> 6 |
| <input type="checkbox"/> 7 | <input type="checkbox"/> 7 |
| <input type="checkbox"/> 8 | <input type="checkbox"/> 8 |
| <input type="checkbox"/> 9 | <input type="checkbox"/> 9 |
| <input checked="" type="checkbox"/> 10 | <input type="checkbox"/> 10 |

If the answer is no, please add information, from your experience, that you consider it can be relevant for this topic.

If the answer is no, what type of information you consider that can help you to develop Apitherapy activities?

Did you consider this topic important for the Apitherapy activities

	Not at all	A little	Can be	Important	Fully
0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

CHAPTER 3

The time allotted for the activity was...

Too much	Just right	Not enough
<input type="radio"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="radio"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="radio"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="radio"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="radio"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="radio"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="radio"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="radio"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="radio"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="radio"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
<input type="radio"/> 10	<input checked="" type="checkbox"/> 10	<input type="checkbox"/> 10

Did the information presented provide enough information to this topic?

YES	NO
<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="checkbox"/> 9	<input type="checkbox"/> 9
<input checked="" type="checkbox"/> 10	<input type="checkbox"/> 10

If the answer is no, please add information, from your experience, that you consider it can be relevant for this topic.

If the answer is no, what type of information do you consider that can help you to develop Apitherapy activities?

Did you consider this topic important for the Apitherapy activities

	Not at all	A little	Can be	Important	Fully
0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

CHAPTER 4

The time allotted for the activity was...

Too much	Just right	Not enough
<input type="radio"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="radio"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="radio"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="radio"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="radio"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="radio"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="radio"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="radio"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="radio"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="radio"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
<input type="radio"/> 10	<input checked="" type="checkbox"/> 10	<input type="checkbox"/> 10

Did the information presented provide enough information to this topic?

YES	NO
<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="checkbox"/> 9	<input type="checkbox"/> 9
<input checked="" type="checkbox"/> 10	<input type="checkbox"/> 10

If the answer is no, please add information, from your experience, that you consider it can be relevant for this topic.

If the answer is no, what type of information do you consider that can help you to develop Apitherapy activities?

Did you consider this topic Important for the Apitherapy activities

	Not at all	A little	Can be	Important	Fully
0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

CHAPTER 5

The time allotted for the activity was...

Too much	Just right	Not enough
<input type="radio"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="radio"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="radio"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="radio"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="radio"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="radio"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="radio"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="radio"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="radio"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="radio"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
<input type="radio"/> 10	<input checked="" type="checkbox"/> 10	<input type="checkbox"/> 10

Did the information presented provide enough information to this topic?

YES	NO
<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="checkbox"/> 9	<input type="checkbox"/> 9
<input checked="" type="checkbox"/> 10	<input type="checkbox"/> 10

If the answer is no, please add information, from your experience, that you consider it can be relevant for this topic.

If the answer is no, what type of information you consider that can help you to develop Apitherapy activities?

Did you consider this topic important for the Apitherapy activities

	Not at all	A little	Can be	Important	Fully
0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

CHAPTER 6

The time allotted for the activity was...

Too much	Just right	Not enough
<input type="radio"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="radio"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="radio"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="radio"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="radio"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="radio"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="radio"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="radio"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="radio"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="radio"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
<input type="radio"/> 10	<input checked="" type="checkbox"/> 10	<input type="checkbox"/> 10

Did the information presented provide enough information to this topic?

YES	NO
<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="checkbox"/> 9	<input type="checkbox"/> 9
<input checked="" type="checkbox"/> 10	<input type="checkbox"/> 10

If the answer is no, please add information, from your experience, that you consider it can be relevant for this topic.

If the answer is no, what type of information you consider that can help you to develop Apitherapy activities?

Did you consider this topic Important for the Apitherapy activities

	Not at all	A little	Can be	Important	Fully
0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

CHAPTER 7

The time allotted for the activity was...

Too much	Just right	Not enough
<input type="radio"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="radio"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="radio"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="radio"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="radio"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="radio"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="radio"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="radio"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="radio"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="radio"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
<input type="radio"/> 10	<input checked="" type="checkbox"/> 10	<input type="checkbox"/> 10

Did the information presented provide enough information to this topic?

YES	NO
<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="checkbox"/> 9	<input type="checkbox"/> 9
<input checked="" type="checkbox"/> 10	<input type="checkbox"/> 10

If the answer is no, please add information, from your experience, that you consider it can be relevant for this topic.

If the answer is no, what type of information you consider that can help you to develop Apitherapy activities?

Did you consider this topic Important for the Apitherapy activities

	Not at all	A little	Can be	Important	Fully
0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>



ANALYSIS OF “WORKSHEETS” RESULTS, Canakkale Ili Ari Yetistiricileri, TURKEY

The participants who attended the Checking Workshop organized by Canakkale Ili Ari Yetistiricileri, considered the time allotted for every chapter of the Apitherapy course as being “just right”. The information provided by the workshop facilitators was enough, and that the topics addressed by the course are important to develop apitherapy activities.



Meeting Feedback

Please Insert your e-mail address here:

Meeting Feedback- Logistics

Were there enough breaks?...

YES

NO

0

0

1

1

2

2

3

3

4

4

5

5

6

6

7

7

8

8

9

9

10

10

Was the meeting run on-time?

YES	NO
<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="checkbox"/> 9	<input type="checkbox"/> 9
<input checked="" type="checkbox"/> 10	<input type="checkbox"/> 10

Did the room arrangement facilitate the discussion?

YES	NO
<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="checkbox"/> 9	<input type="checkbox"/> 9
<input checked="" type="checkbox"/> 10	<input type="checkbox"/> 10

Were you provided with all of the needed materials?

- | YES | NO |
|--|-----------------------------|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 0 |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 1 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 2 |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 3 |
| <input type="checkbox"/> 4 | <input type="checkbox"/> 4 |
| <input type="checkbox"/> 5 | <input type="checkbox"/> 5 |
| <input type="checkbox"/> 6 | <input type="checkbox"/> 6 |
| <input type="checkbox"/> 7 | <input type="checkbox"/> 7 |
| <input type="checkbox"/> 8 | <input type="checkbox"/> 8 |
| <input type="checkbox"/> 9 | <input type="checkbox"/> 9 |
| <input checked="" type="checkbox"/> 10 | <input type="checkbox"/> 10 |

What did you like best about the meeting?

Project topic was very interesting to Canakkale region's beekeepers. They need new innovative information about apitherapy, therefore they were very interested to the meeting. It was pleasure to us.

What did you like least about the meeting?

There was no any difficulty during the APITHERAPY workshop for us.

Working Group Session

The facilitator managed the session well.

Strongly Agree	Agree	Disagree	Strongly Disagree
<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
<input checked="" type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10

Our group met the goal of our session.

Strongly Agree	Agree	Disagree	Strongly Disagree
<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
<input checked="" type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10

I felt that my Input was valued.

Strongly Agree	Agree	Disagree	Strongly Disagree
<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
<input type="checkbox"/> 10	<input checked="" type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10

My expertise was appropriate to contribute to this discussion.

YES	NOT	Somewhat
<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
<input checked="" type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10

The time allotted for this session was...



Too much	Just Right	Not enough
<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
<input type="checkbox"/> 10	<input checked="" type="checkbox"/> 10	<input type="checkbox"/> 10



ANALYSIS OF “FINAL QUESTIONNAIRE” RESULTS, Canakkale Ili Ari Yetistiricileri, TURKEY

The workshop attendees felt there were enough breaks, that the meeting respected the initially set timeframe, enough materials related to Apitherapy project, were provided by the moderators and that the discussion was facilitated by the room arrangement.

The project topic was very interesting for Canakkale beekeepers association. The beekeepers need innovative information about apitherapy therefore they were very interested to the meeting. It was a pleasure for them to participate at the organized workshop.

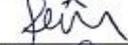
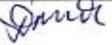
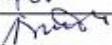
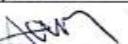
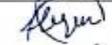
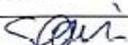
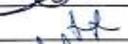


Erasmus+



Erasmus+ Programme – Strategic Partnership Project No: 2014-1-RO01-A204-002705 Name and number of the multiplier event:
Event host organization:ÇAYB Place: Çanakkale,Date: 09,04,2015

PARTICIPANTS LIST

No.	Name	ID	Sending organization, (name&address)	Signature
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	Recep İNCE	25.360.507.198	Boğazkent Mah. Hacı Tahir Sok. No:21 Kepez/Çnk	
	İsmail DAMAR	29.641.354.228	Cumhuriyet Mah.Şenkartal 24 Sk. No:10 K.1 D.2 Kepez/Çnk	
	Hüseyin GÜREN	21.205.645.308	Cumhuriyet Mah.Büyük Ahmet Efendi Cd. 1.Sok. No:10 Kepez/Çnk	
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	Kadir GÜR	11.560.966.576	Barbaros Mah.Tayyareci Yzb. Sadettin Bey Sok.No:15 Çanakkale	
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APITHERAPY project has been funded with support from the European Commission, with the reference number 2014-1-RO01-KA204-002705. This publication reflects the views only of the author, and the Commission cannot be held responsible for any use which may be made of the information contained therein.



HUNGARY

Tudás Alapítvány, the partner from Hungary, organized the Checking Workshop on the 7th of May, in Agrarcentrum, with 10 participants, all experts in beekeeping.



WORKSHEETS

Please Insert your e-mail address here:

CHAPTER 1

The time allotted for the activity was...

Too much	Just right	Not enough
<input type="radio"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="radio"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="radio"/> 2	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 2
<input type="radio"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input checked="" type="radio"/> 4	<input checked="" type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="radio"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="radio"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="radio"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="radio"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="radio"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
<input type="radio"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10

Did the information presented provide enough information to this topic?

YES	NO
<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input checked="" type="checkbox"/> 5	<input checked="" type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="checkbox"/> 9	<input type="checkbox"/> 9
<input type="checkbox"/> 10	<input type="checkbox"/> 10

If the answer is no, please add information, from your experience, that you consider it can be relevant for this topic.

Apitherapy as an alternative medicine

If the answer is no, what type of information you consider that can help you to develop Apitherapy activities?

more detailed information

Did you consider this topic Important for the Apitherapy activities

	Not at all	A little	Can be	Important	Fully
0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CHAPTER 2

The time allotted for the activity was...

Too much	Just right	Not enough
<input type="radio"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input checked="" type="radio"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="radio"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="radio"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="radio"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="radio"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="radio"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="radio"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="radio"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="radio"/> 9	<input checked="" type="checkbox"/> 9	<input type="checkbox"/> 9
<input type="radio"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10

Did the information presented provide enough information to this topic?

YES	NO
<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input checked="" type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input checked="" type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="checkbox"/> 9	<input type="checkbox"/> 9
<input type="checkbox"/> 10	<input type="checkbox"/> 10

If the answer is no, please add information, from your experience, that you consider it can be relevant for this topic.

If the answer is no, what type of information you consider that can help you to develop Apitherapy activities?

Did you consider this topic Important for the Apitherapy activities

	Not at all	A little	Can be	Important	Fully
0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

CHAPTER 3

The time allotted for the activity was...

Too much	Just right	Not enough
<input type="radio"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="radio"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="radio"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="radio"/> 3	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> 3
<input type="radio"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="radio"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="radio"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="radio"/> 7	<input checked="" type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="radio"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="radio"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
<input type="radio"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10

Did the information presented provide enough information to this topic?

YES	NO
<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="checkbox"/> 8	<input checked="" type="checkbox"/> 8
<input type="checkbox"/> 9	<input type="checkbox"/> 9
<input type="checkbox"/> 10	<input type="checkbox"/> 10

If the answer is no, please add information, from your experience, that you consider it can be relevant for this topic.

At which diseases can be used, ways of administration

If the answer is no, what type of information you consider that can help you to develop Apitherapy activities?

Utilization of propolis

Did you consider this topic Important for the Apitherapy activities

	Not at all	A little	Can be	Important	Fully
0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

CHAPTER 4

The time allotted for the activity was...

Too much	Just right	Not enough
<input type="radio"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input checked="" type="radio"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="radio"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="radio"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="radio"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="radio"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="radio"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="radio"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="radio"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="radio"/> 9	<input checked="" type="checkbox"/> 9	<input type="checkbox"/> 9
<input type="radio"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10

Did the information presented provide enough information to this topic?

YES	NO
<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input checked="" type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input checked="" type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="checkbox"/> 9	<input type="checkbox"/> 9
<input type="checkbox"/> 10	<input type="checkbox"/> 10

If the answer is no, please add information, from your experience, that you consider it can be relevant for this topic.

If the answer is no, what type of information you consider that can help you to develop Apitherapy activities?

Did you consider this topic important for the Apitherapy activities

	Not at all	A little	Can be	Important	Fully
0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CHAPTER 5

The time allotted for the activity was...

Too much	Just right	Not enough
<input type="radio"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="radio"/> 1	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 1
<input type="radio"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="radio"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="radio"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="radio"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="radio"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="radio"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="radio"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="radio"/> 9	<input checked="" type="checkbox"/> 9	<input type="checkbox"/> 9
<input type="radio"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10

Did the information presented provide enough information to this topic?

YES	NO
<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input checked="" type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input checked="" type="checkbox"/> 7
<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="checkbox"/> 9	<input type="checkbox"/> 9
<input type="checkbox"/> 10	<input type="checkbox"/> 10

If the answer is no, please add information, from your experience, that you consider it can be relevant for this topic.

The content of beeswax

If the answer is no, what type of information you consider that can help you to develop Apitherapy activities?

more detailed information

Did you consider this topic Important for the Apitherapy activities

	Not at all	A little	Can be	Important	Fully
0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CHAPTER 6

The time allotted for the activity was...

Too much	Just right	Not enough
<input type="radio"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="radio"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="radio"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="radio"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="radio"/> 4	<input type="checkbox"/> 4	<input checked="" type="checkbox"/> 4
<input type="radio"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="radio"/> 6	<input checked="" type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="radio"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="radio"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="radio"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
<input type="radio"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10

Did the information presented provide enough information to this topic?



YES	NO
<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input checked="" type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input checked="" type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="checkbox"/> 9	<input type="checkbox"/> 9
<input type="checkbox"/> 10	<input type="checkbox"/> 10

If the answer is no, please add information, from your experience, that you consider it can be relevant for this topic.

If the answer is no, what type of information you consider that can help you to develop Apitherapy activities?

Did you consider this topic important for the Apitherapy activities

	Not at all	A little	Can be	Important	Fully
0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

CHAPTER 7

The time allotted for the activity was...

Too much	Just right	Not enough
<input type="radio"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input checked="" type="radio"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="radio"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="radio"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="radio"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="radio"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="radio"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="radio"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="radio"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="radio"/> 9	<input checked="" type="checkbox"/> 9	<input type="checkbox"/> 9
<input type="radio"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10

Did the information presented provide enough information to this topic?

YES	NO
<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input checked="" type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input checked="" type="checkbox"/> 7
<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="checkbox"/> 9	<input type="checkbox"/> 9
<input type="checkbox"/> 10	<input type="checkbox"/> 10

If the answer is no, please add information, from your experience, that you consider it can be relevant for this topic.

Information about the active substance from bee venom

If the answer is no, what type of information you consider that can help you to develop Apitherapy activities?

Alternative medicine

Did you consider this topic Important for the Apitherapy activities

	Not at all	A little	Can be	Important	Fully
0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



ANALYSIS OF “WORKSHEETS” RESULTS, HUNGARY

The participants considered the moderators respected the timeframe for each chapter of the Apitherapy course, and the topics addressed by the project’s course are important for developing apitherapy activities.

The conclusions of the Checking workshop attendees from Hungary, are as follows:

- The chapters about bee products should contain more detailed information;
- Practical utilization of the bee products should be included in the Apitherapy Course;
- Diseases that propolis can treat and ways of administration;
- The content of beeswax should be included in its designated chapter;
- More information about the active substance from bee venom should be included in its dedicated chapter.



Meeting Feedback

Please Insert your e-mail address here:

Meeting Feedback- Logistics

Were there enough breaks?...

YES

NO

0

0

1

1

2

2

3

3

4

4

5

5

6

6

7

7

8

8

9

9

10

10

Was the meeting run on-time?

YES	NO
<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="checkbox"/> 9	<input type="checkbox"/> 9
<input checked="" type="checkbox"/> 10	<input type="checkbox"/> 10

Did the room arrangement facilitate the discussion?

YES	NO
<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="checkbox"/> 9	<input type="checkbox"/> 9
<input checked="" type="checkbox"/> 10	<input type="checkbox"/> 10

Were you provided with all of the needed materials?



YES

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

NO

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

What did you like best about the meeting?

Everything was really useful

What did you like least about the meeting?

more info about bees

Working Group Session

The facilitator managed the session well.

Strongly Agree	Agree	Disagree	Strongly Disagree
<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input checked="" type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10

Our group met the goal of our session.

Strongly Agree	Agree	Disagree	Strongly Disagree
<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input checked="" type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10

I felt that my Input was valued.

Strongly Agree	Agree	Disagree	Strongly Disagree
<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input checked="" type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10

My expertise was appropriate to contribute to this discussion.

YES	NOT	Somewhat
<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="checkbox"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
<input checked="" type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10

The time allotted for this session was...



Too much	Just Right	Not enough
<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="checkbox"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="checkbox"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="checkbox"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 9	<input type="checkbox"/> 9
<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10



ANALYSIS OF “FINAL QUESTIONNAIRE” RESULTS, HUNGARY

The participants of the Checking Workshop considered there were enough breaks, the meeting run on time, the room arrangement facilitated the discussion and that the necessary information was provided for them by the workshop moderators.

They also agreed the facilitator managed the discussion well, the group achieved the goal of the session and its members input and expertise was appreciated.



Erasmus+



Erasmus+ Programme – Strategic Partnership

Project Nr: 2014-1-RO01-KA204-002705

Name and number of the multiplier event: Workshop (1)

Event host organization: Hódmezővásárhelyi Gazdasági Egyesület

Place: Agrárcentrum

Date: 2015. május 7. 17:00

PARTICIPANTS LIST

Sz.	Név	E-mail / cím	Munkahely	Aláírás
01	Szilágyi Balázs István	balasz95@vipmail.hu	Gazdász Egyesület	Szilágyi István
02	PAP LÁSZLÓ	pap36.laszlo@gmail.com	Gazdász Egyesület	Pap László
03	BARNA PÉTER	barna@ungh.u-nyreged.hu	SETE MÉRZESGAZDASÁGI KFT	Barna Péter
04	Pontósi László	06 30 978 50 50	Vyungdijer	Pontósi László
05	Pontósi László	06 30 440 82 89	Östermező	Pontósi László
06	Dányi László	06 62 221 4 65	Östermező	Dányi László
07	TONKOS TIBOR	tonkos.tibor@gmail.com	Östermező	Tonkos Tibor
08	Mészáros	06 20 215 7 05	Gazdász Egyesület	Mészáros
09	KisÁttila	csicsokata@gmail.com	Östermező	KisÁttila
10	Rácz Zoltán	racz.zoltan@gmail.com	Munguor Győrös Kft	Rácz Zoltán
11				
12				
13				
14				
15				
16				
17				



APITHERAPY project has been funded with support from the European Commission, with the reference number 2014-1-RO01-KA204-002705. This publication reflects the views only of the author, and the Commission cannot be held responsible for any use which may be made of the information contained therein.



CHECKING WORKSHOP CENTRALIZED RESULTS

To evaluate the content of the Apitherapy Course, CPIP, together with the partners, developed “Worksheets” to be used by the participants in giving their feedback.



WORKSHEETS

Please insert your e-mail address here:

CHAPTER 1

The time allotted for the activity was...

Too much	Just right	Not enough
<input type="radio"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 0
<input type="radio"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
<input type="radio"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2
<input type="radio"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 3
<input type="radio"/> 4	<input type="checkbox"/> 4	<input type="checkbox"/> 4
<input type="radio"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 5
<input type="radio"/> 6	<input type="checkbox"/> 6	<input type="checkbox"/> 6
<input type="radio"/> 7	<input type="checkbox"/> 7	<input type="checkbox"/> 7
<input type="radio"/> 8	<input type="checkbox"/> 8	<input type="checkbox"/> 8
<input type="radio"/> 9	<input type="checkbox"/> 9	<input type="checkbox"/> 9
<input type="radio"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10

Did the information presented provide enough information to this topic?

The online version of the collecting data tool (Worksheets - One per every chapter of the course)



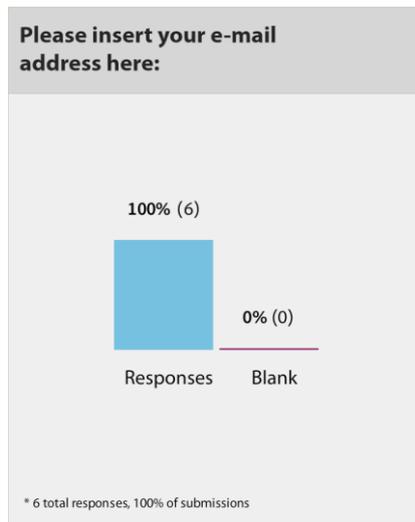
The offline version of the collecting data tool (Worksheets – One per every chapter of the course)



CHAPTER 1 - What is Apitherapy?

Discussion or Chapter 1	
The time allotted for the activity was...	<input type="checkbox"/> Too much <input type="checkbox"/> Just right <input type="checkbox"/> Not enough
Did the information presented provide enough information to this topic?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If the answer is no , please add information, from your experience, that you consider it can be relevant for this topic.	
If the answer is no , what type of information you consider that can help you to develop Apitherapy activities?	
	Please rate from 1 to 5
Did you consider this topic important for the Apitherapy activities	(1) - (2) - (3) - (4) - (5) <i>Not at all</i> <i>Fully</i>

The results of the “Worksheets” for all the 6 partners from Romania, Turkey, Poland and Hungary are as following:

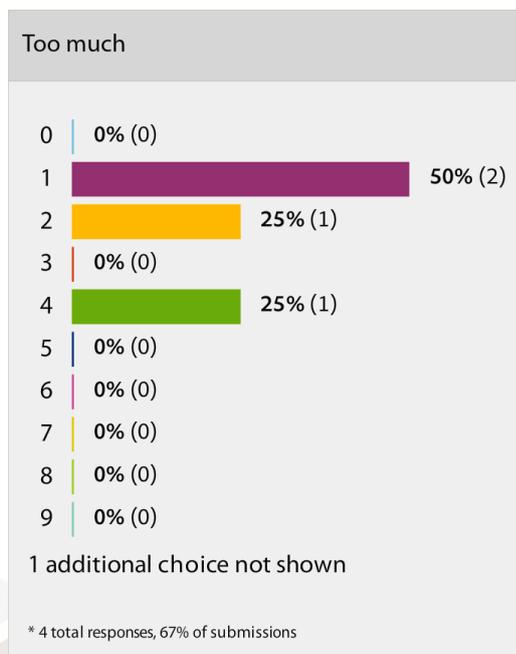


All the 6 partners introduced their email addresses in the first column of the questionnaire.

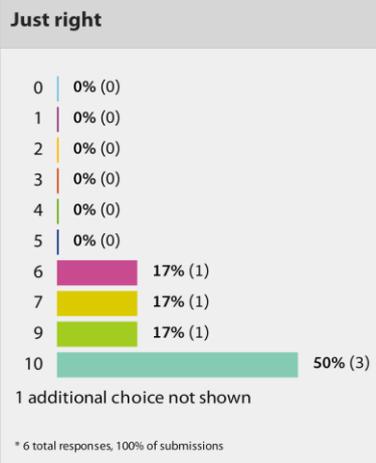
CHAPTER 1

For the first question, “The time allotted for the activity was...

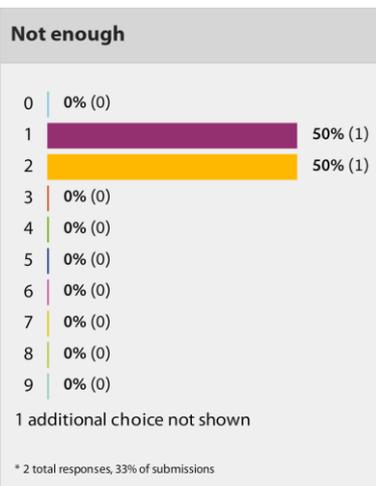
-Too much -Just right -Not enough”, the results are:



As shown in the image, 2 partners had each 1 participant who considered the time allotted for Chapter 1 was too much, one partner had 2 participants with the same opinion, and another partner with 4 participants, therefore 8 out of a total of 80 attendees from all 4 countries selected “too much” as an answer for the first question.

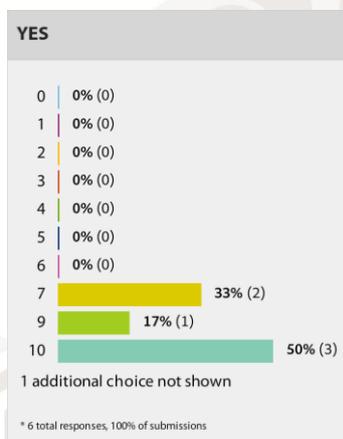


3 partners had more than 10 participants each who felt the time allotted for Chapter 1 was “Just Right”, together with other 6, 7, 9 participants from 3 different partner countries. Thus, more than 52 participants considered the time allotted for this chapter was just right.

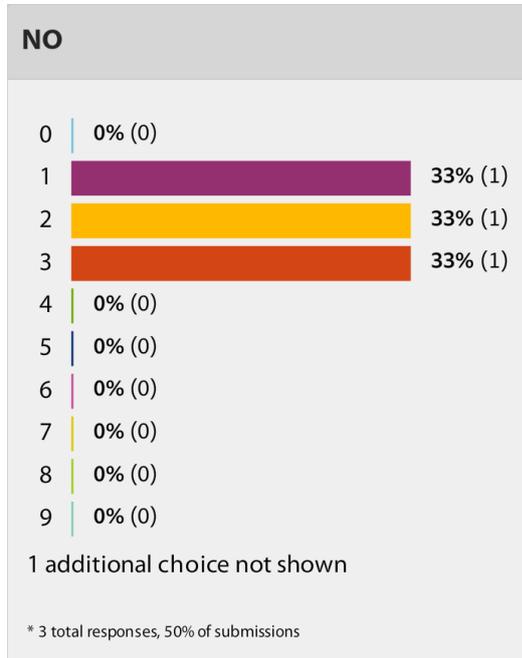


A total of 3 participants from 2 partner countries considered “not enough” time was allotted for this chapter.

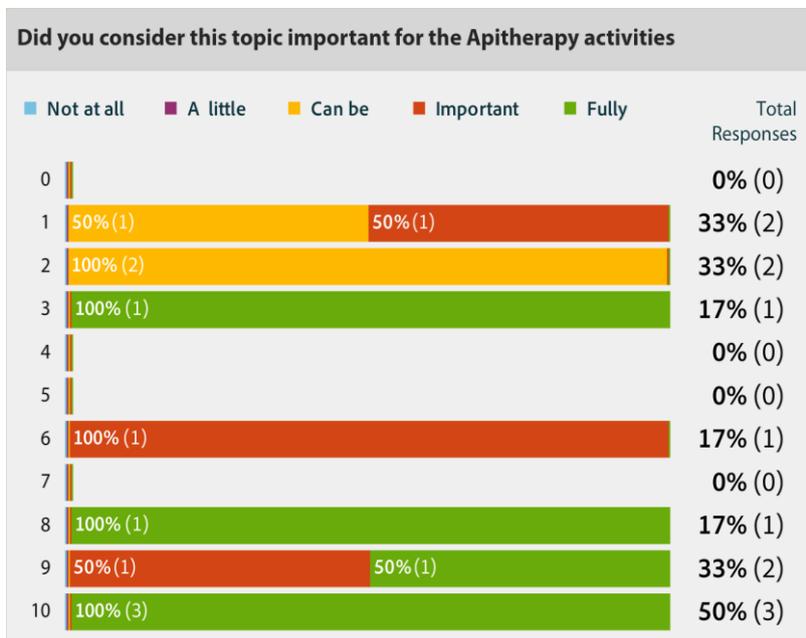
For the second question, “Did the information provide enough information to this topic?”, the result are:



More than 53 participants out of 80 considered the information provided for Chapter 1 was enough.



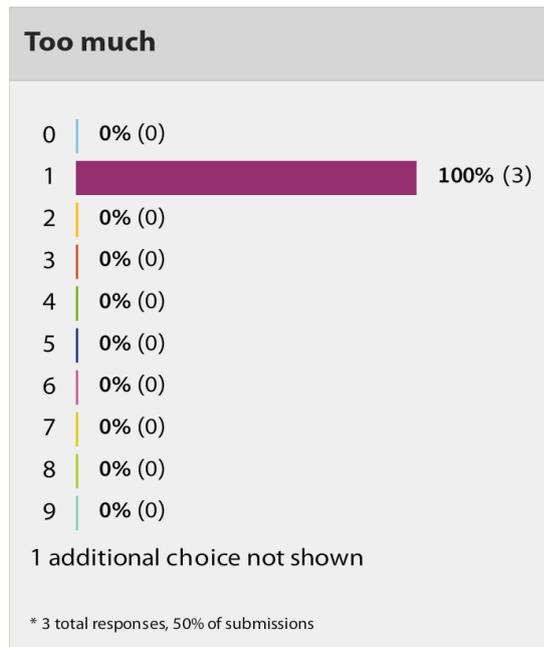
A total of 6 participants out of 80, from 3 different partners, considered there wasn't provided enough information for Chapter 1.



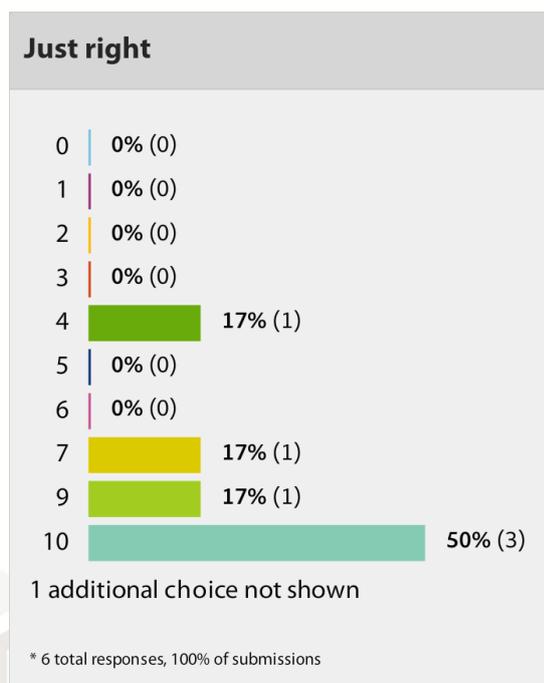
Only 6 participants out of 80 considered this topic "can be" important for developing apitherapy project, the rest of them considered that this topic is either "important" or "fully important".

For the first question, “The time allotted for the activity was....

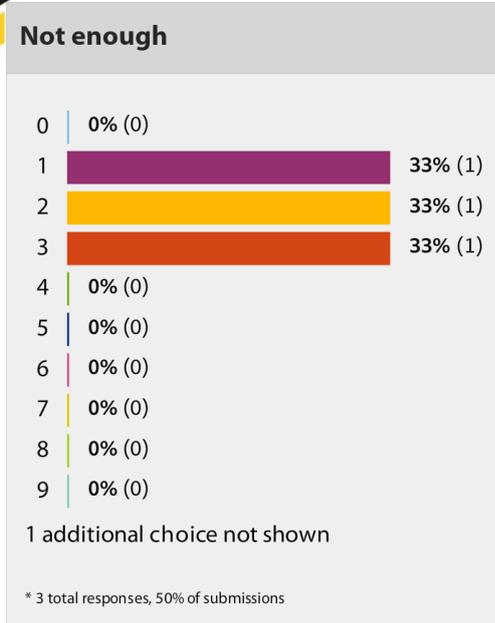
-Too much -Just right -Not enough”, the results are:



Only 3 workshop participants out of 80 considered there was too much time allotted for discussions on Chapter 2.

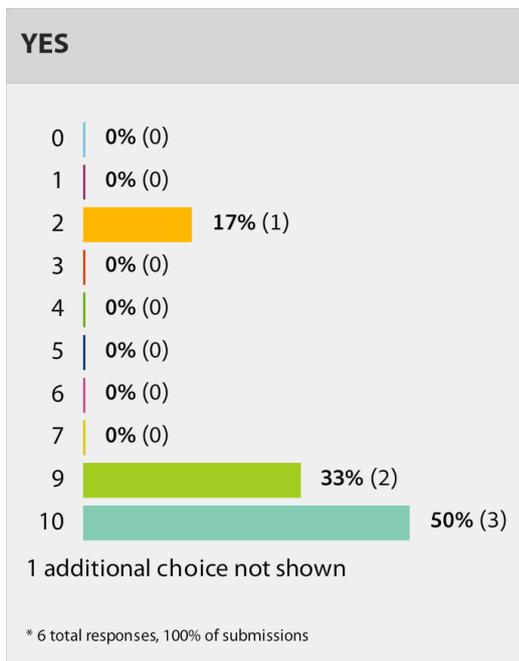


More than 50 attendees out of 80 considered the amount of time allotted on the Chapter 2 was just right.

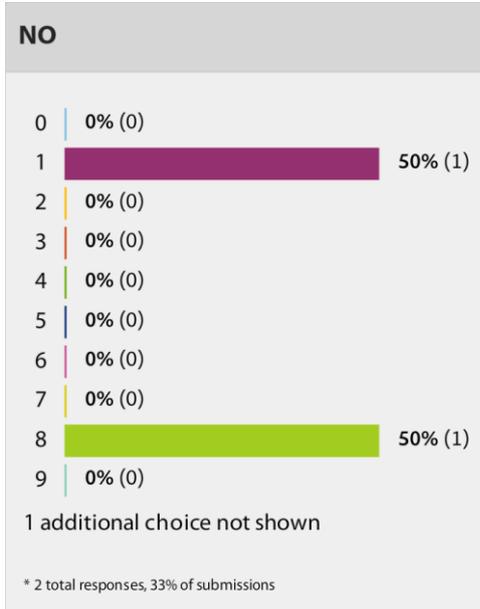


6 participants out of the total 80 considered the time allotted for this chapter was not enough.

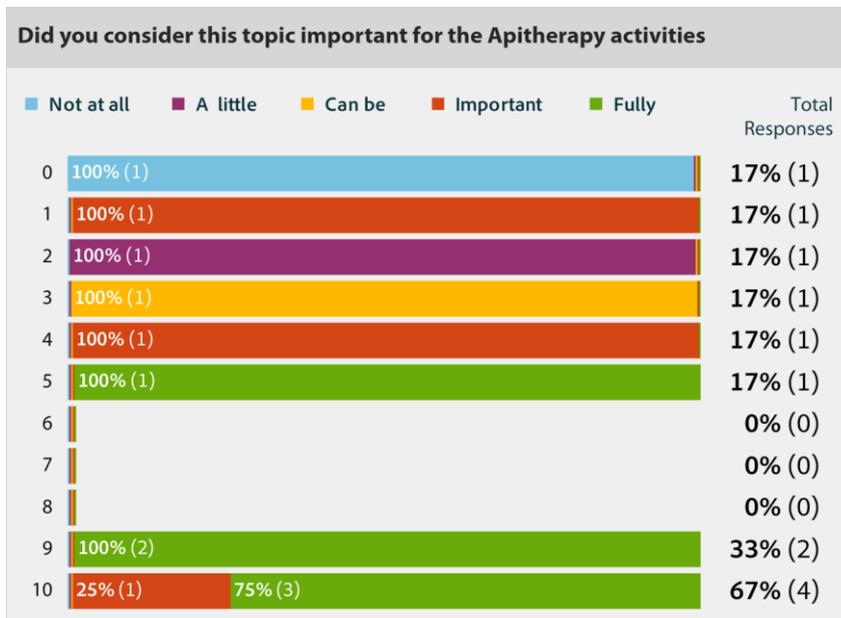
For the second question, “Did the information provide enough information to this topic?”, the result are:



More than 50 attendees out of the total 80 felt enough information was provided to them.



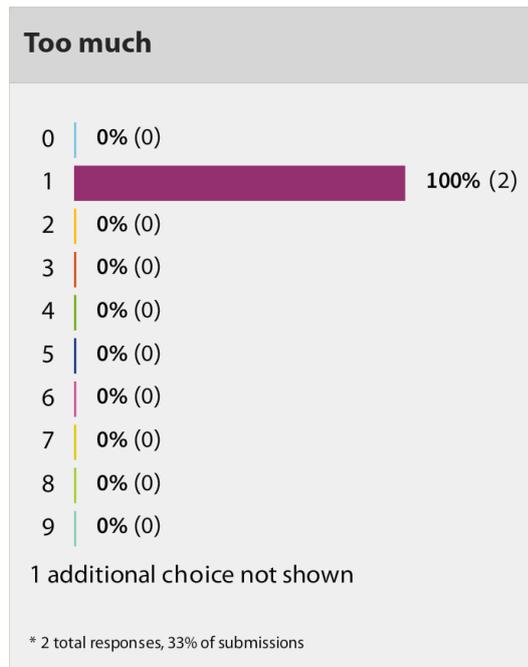
9 participants out of the total 80 considered there wasn't enough information provided for this chapter.



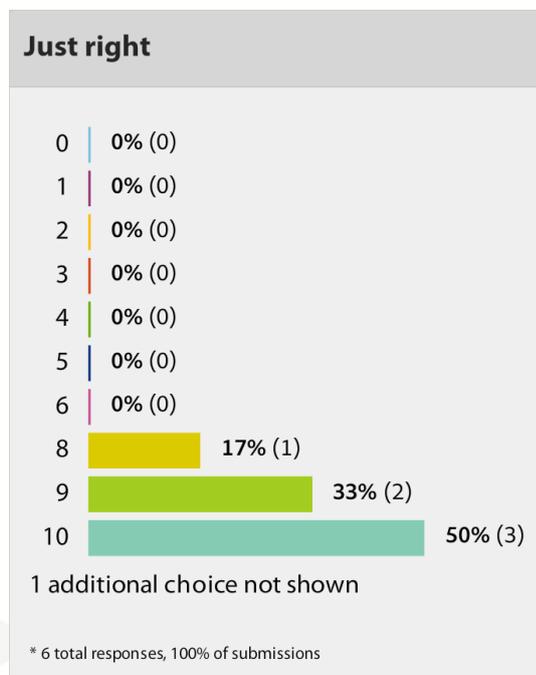
More than 15 participants considered the topic of the Chapter 2 important for apitherapy activities, more than 53 attendees felt this topic was fully important, and only 2 selected "a little important", 3 "can be important", out of a total of 80 people attending the events organized by all the partners.

For the first question, “The time allotted for the activity was....

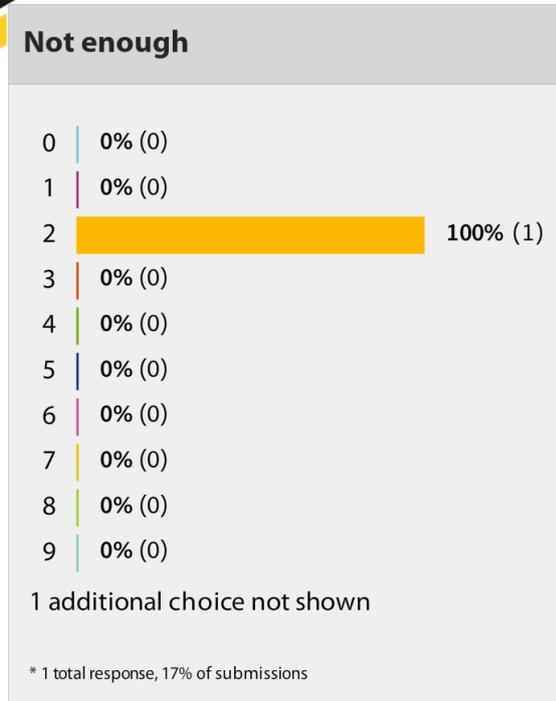
-Too much -Just right -Not enough”, the results are:



Only 2 participants out of 80 considered there was too much time spent on Chapter 3.

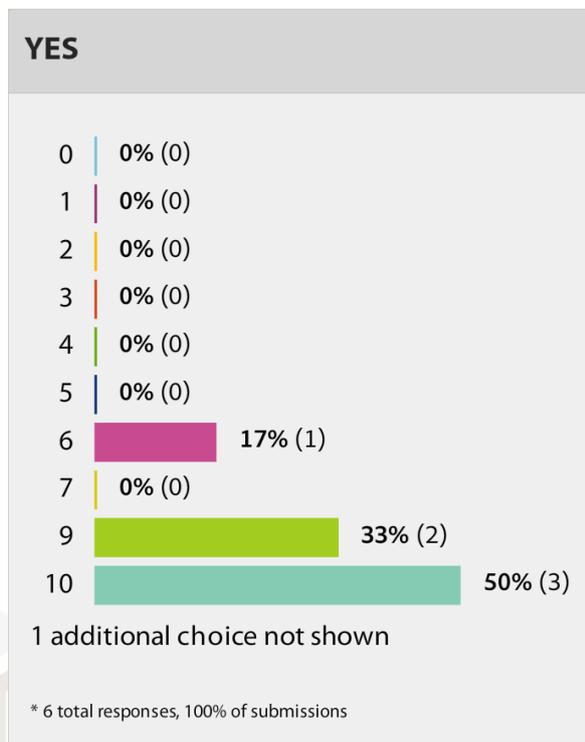


More than 56 participants out of 80 felt the time allotted for this chapter was „just right”.

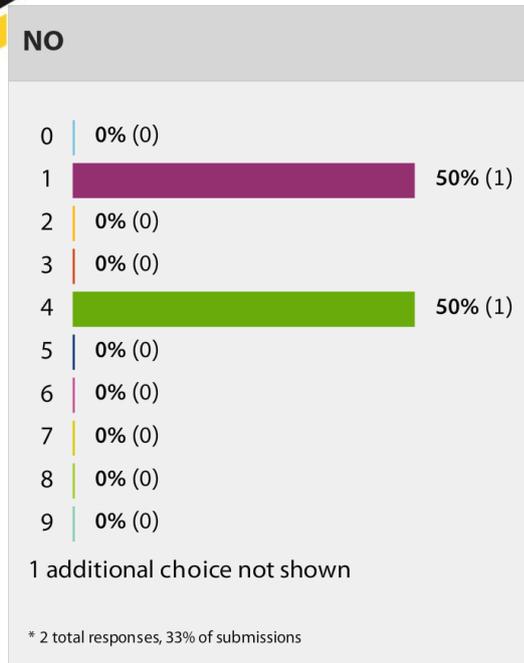


Only 2 participants out of 80 considered there was not enough time allotted for this chapter.

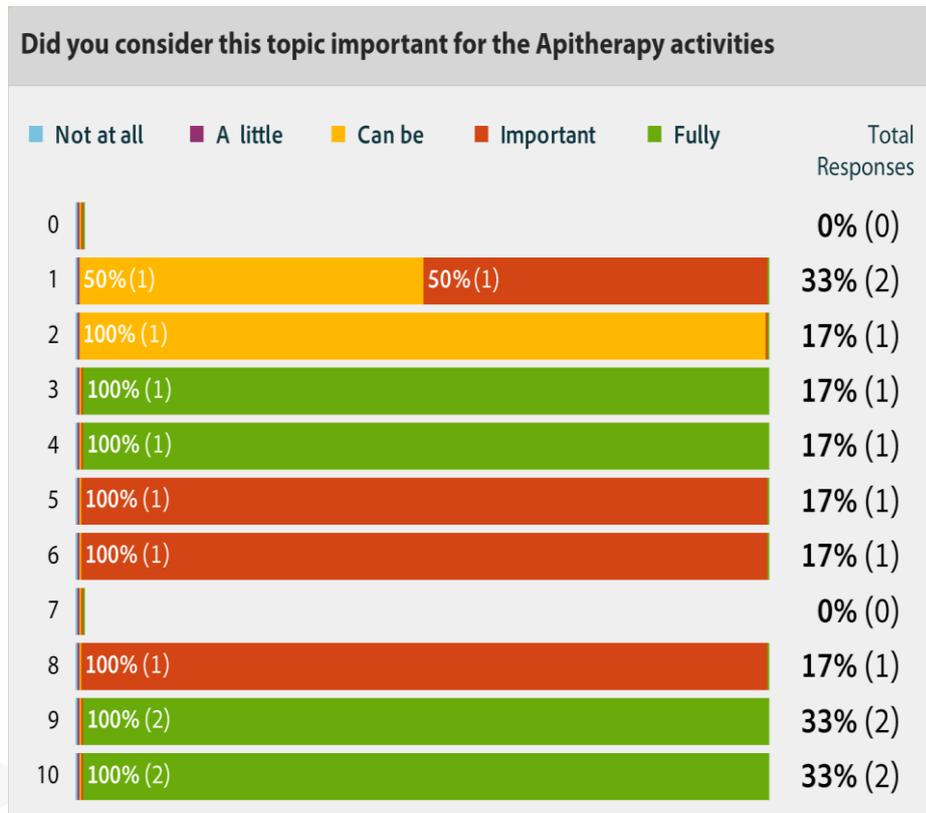
For the second question, “Did the information provide enough information to this topic?”, the result are:



54 participants out of 80 considered there was enough information provided for them related to this chapter.



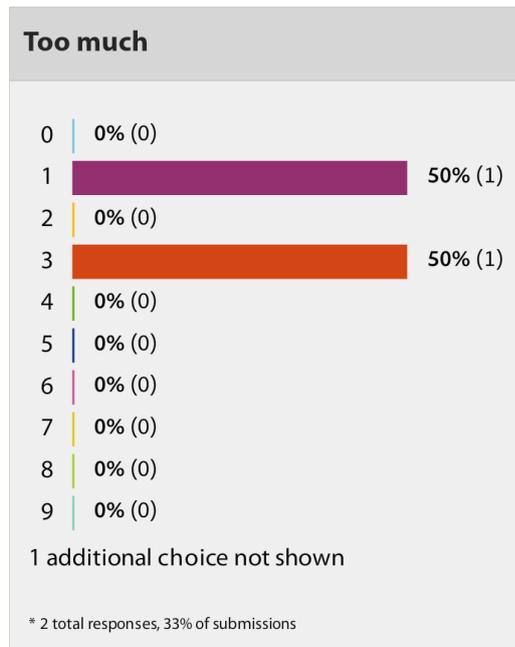
Only 5 participants out of 80 felt there wasn't enough information provided on chapter 3.



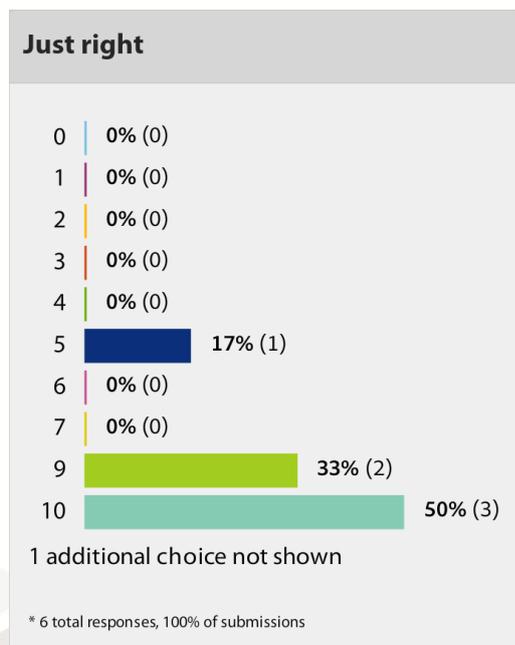
More than 45 participants considered the topic addressed by chapter 3 as being "fully important", while 21 considered it to be "important", and 4 participants out of the total 80 considered it "can be".

For the first question, “The time allotted for the activity was....

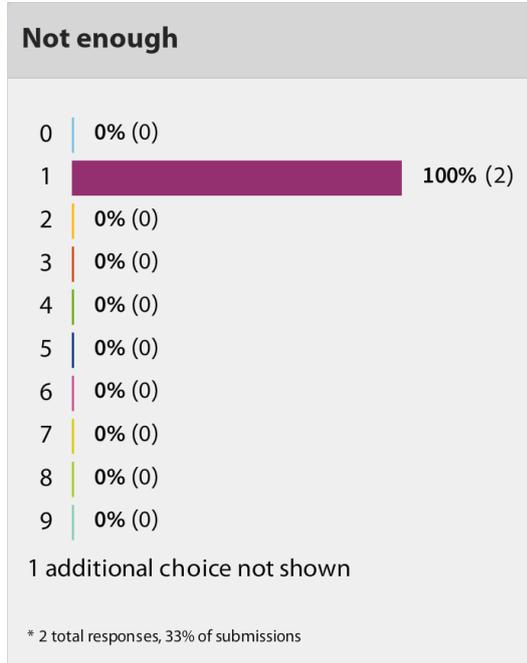
-Too much -Just right -Not enough”, the results are:



4 attendees out of the total 80 considered there was too much time allotted for chapter 4.

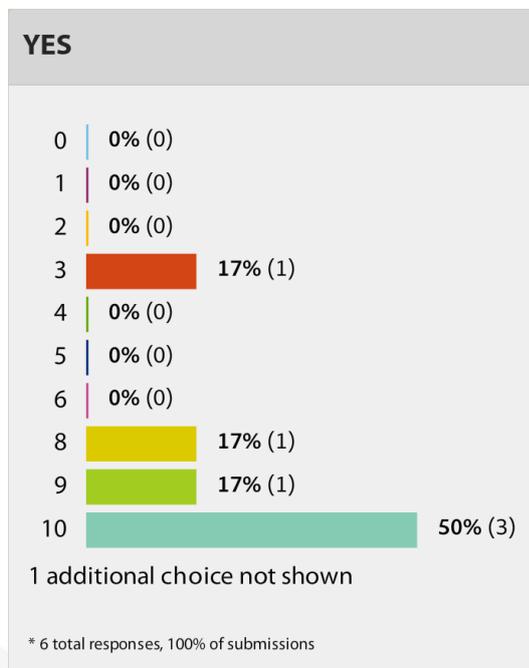


More than 53 attendees out of the total 80 considered the time spent on chapter 4 to be „just right”.

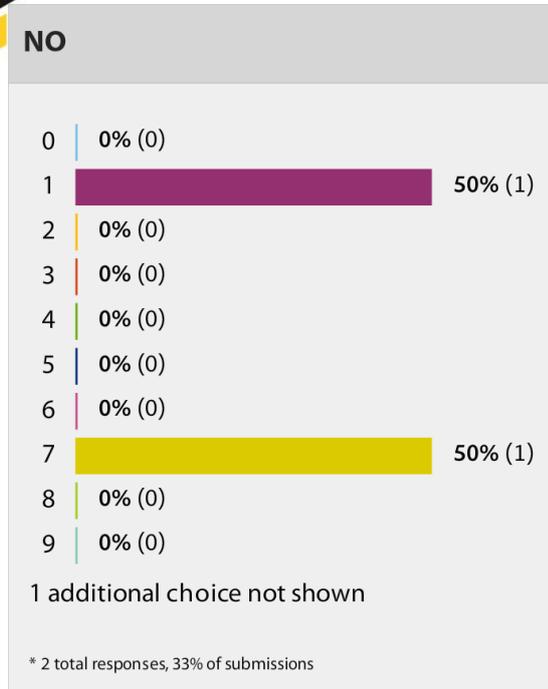


2 attendees out of the total 80 considered there was not enough time allotted for chapter 4.

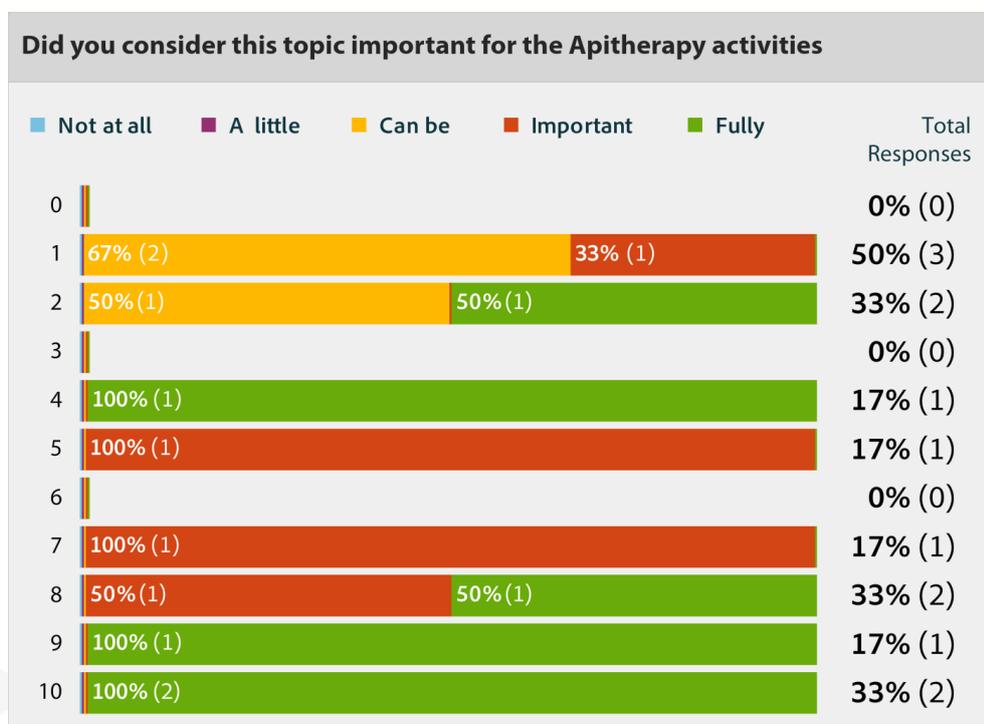
For the second question, “Did the information provide enough information to this topic?”, the result are:



More than 50 people who attended the workshops organized by the Apitherapy project partners, considered there was enough information provided related to Chapter 4.



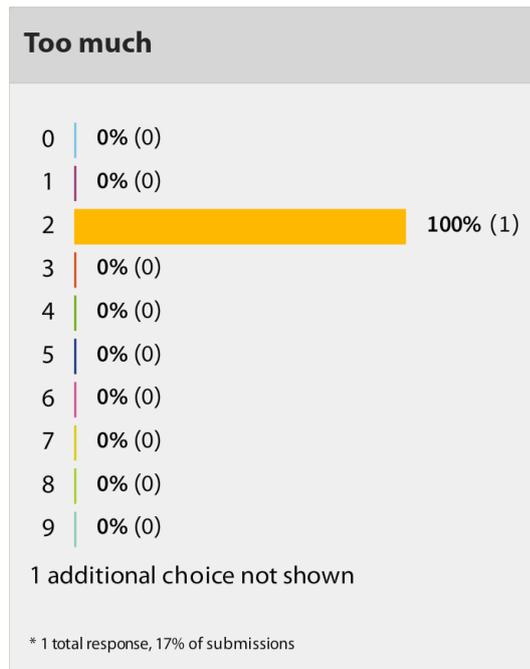
8 participants out of 80 considered there wasn't enough information provided for chapter 4.



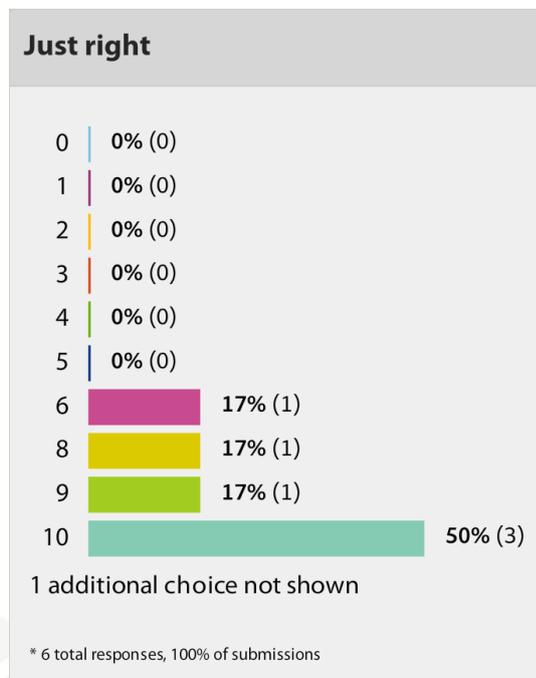
More than 43 participants selected "fully" as an answer for this question, 21 selected "important", 4 out of 80 selected "can be".

For the first question, “The time allotted for the activity was....

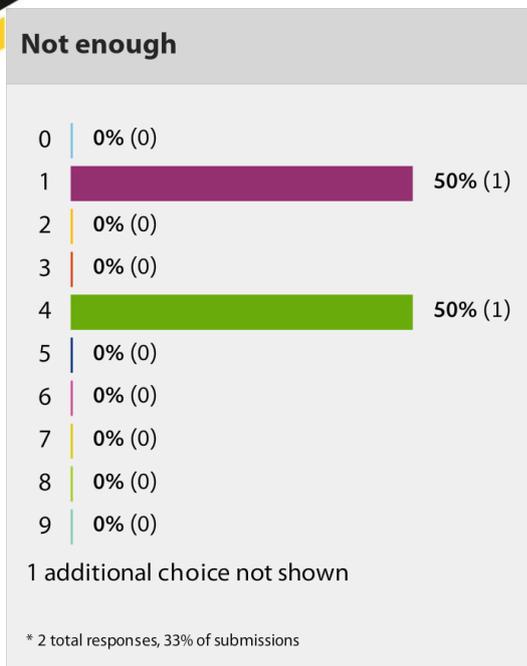
-Too much -Just right -Not enough”, the results are:



Only 2 participants considered there was too much time allocated for chapter 5 within the frame of the workshop.

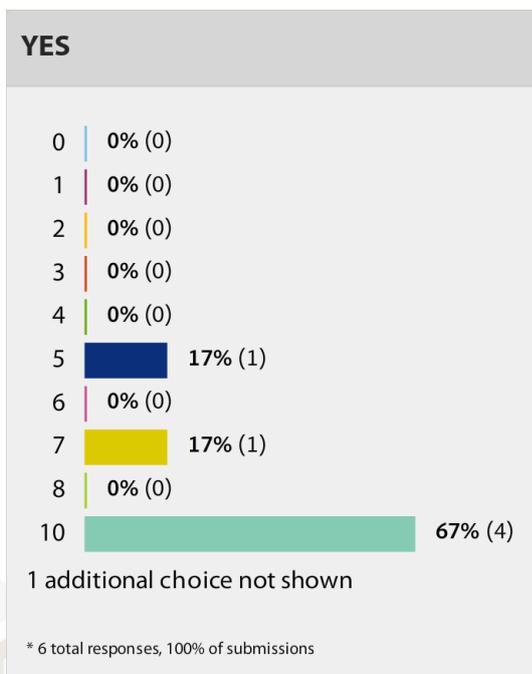


More than 53 attendees thought the time spent on chapter 5 was just right.

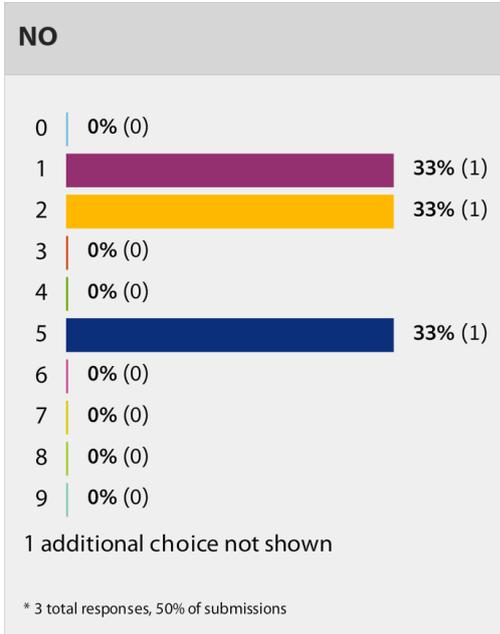


5 workshop participants put of 80 thought not enough time was allocated to discussions on chapter 5.

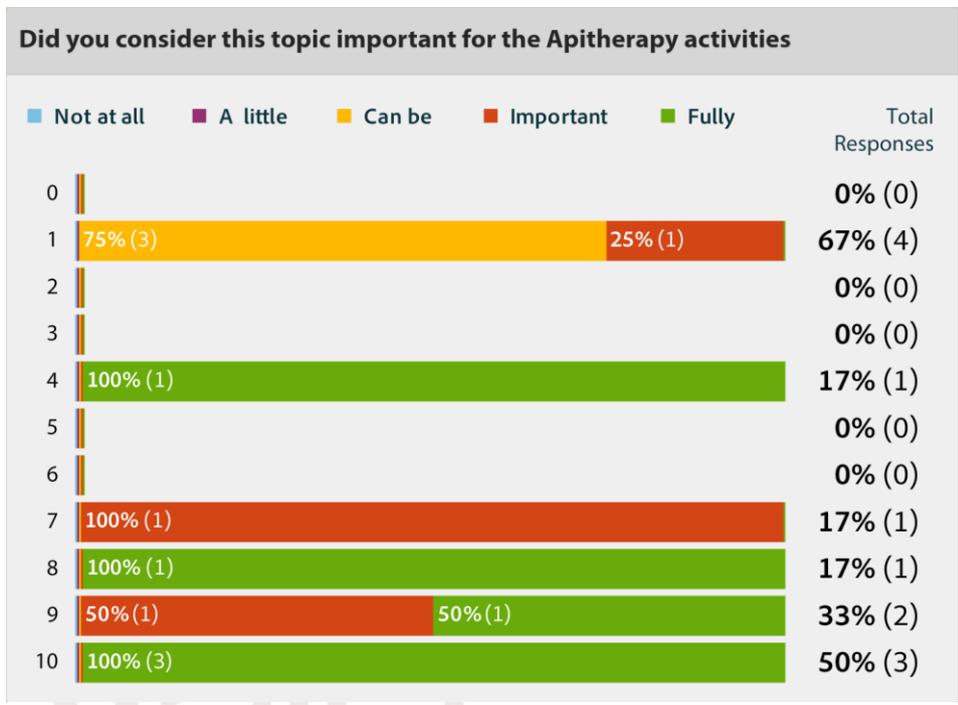
For the second question, “Did the information provide enough information to this topic?”, the result are:



More than 52 attendees thought there was enough information provided on chapter 5.



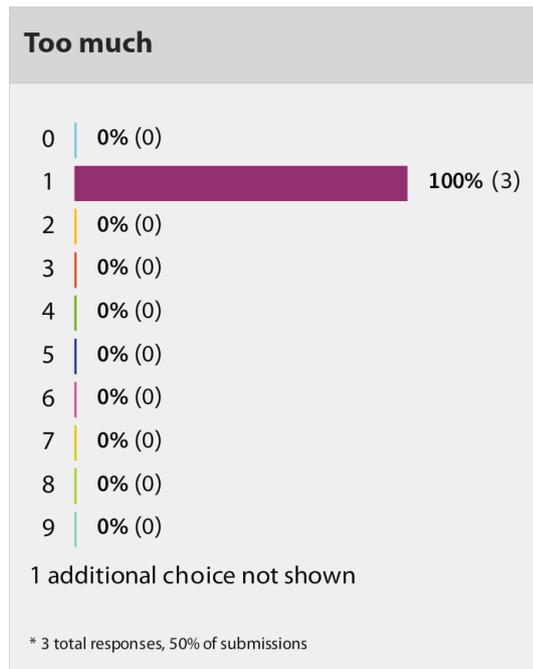
8 people out of 80 thought there wasn't enough information related to chapter 5's topic.



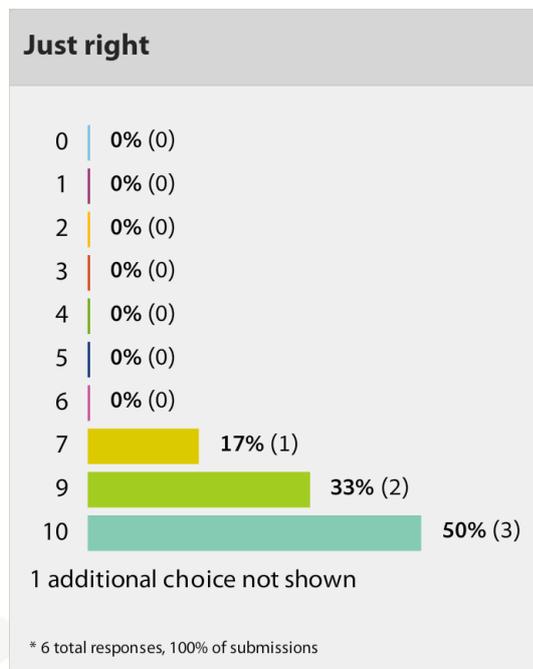
51 attendees selected as an answer to this question "fully", 17 chose "important" as an answer, and only 3 out of 80 chose "can be".

For the first question, “The time allotted for the activity was....

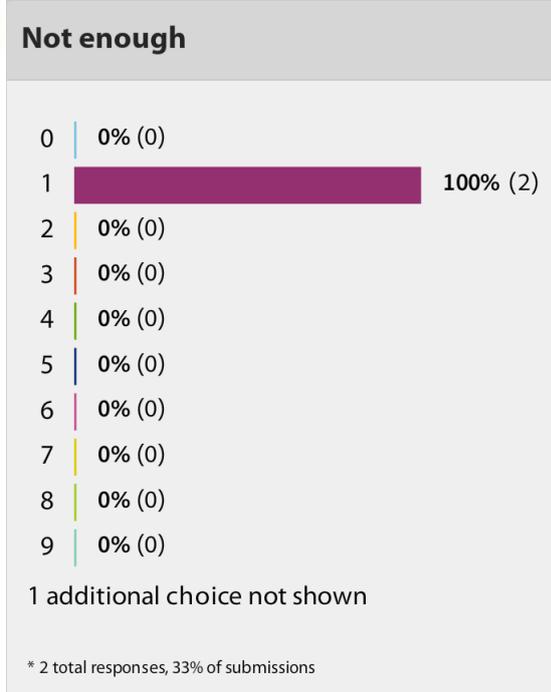
-Too much -Just right -Not enough”, the results are:



3 attendees out of 80 thought there was spent too much time on discussions related to chapter 6.

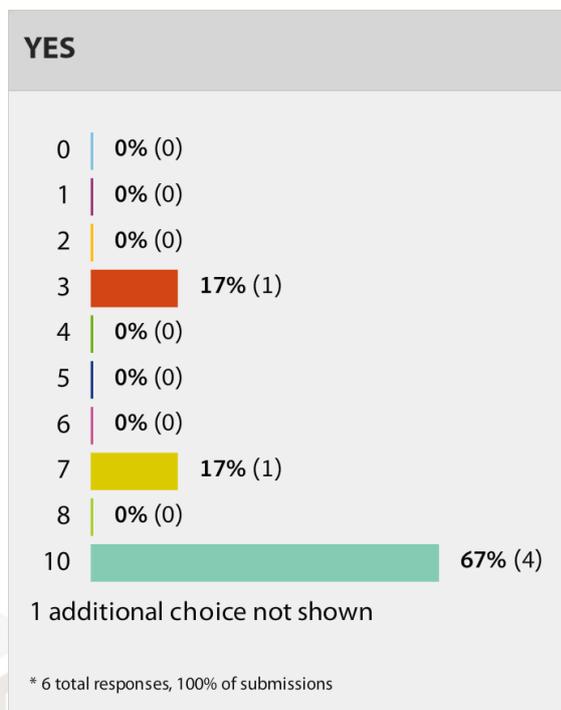


More than 55 workshop participants thought the time spent on chapter 6 was just right.

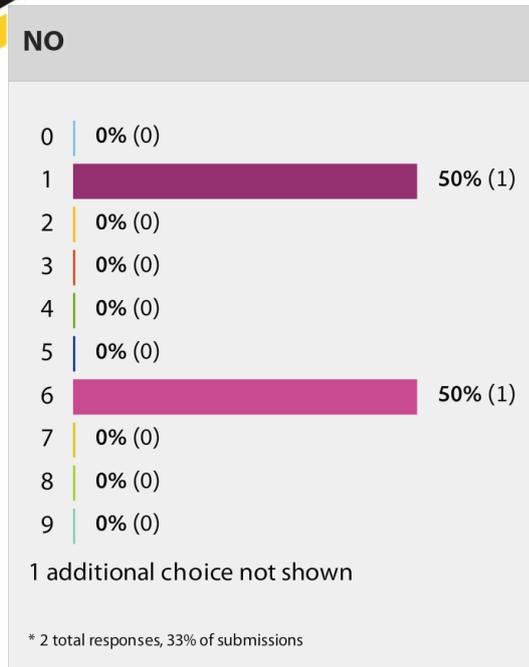


Only 2 attendees thought there was not enough time spent on discussions related to chapter 6.

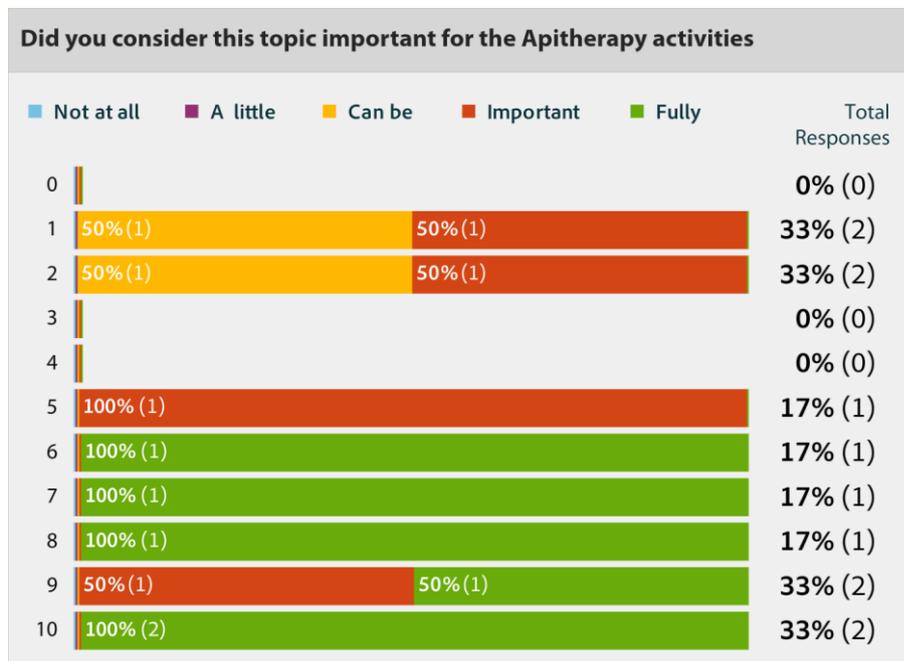
For the second question, “Did the information provide enough information to this topic?”, the result are:



More than 50 workshop participants thought there was enough information related to chapter 6.



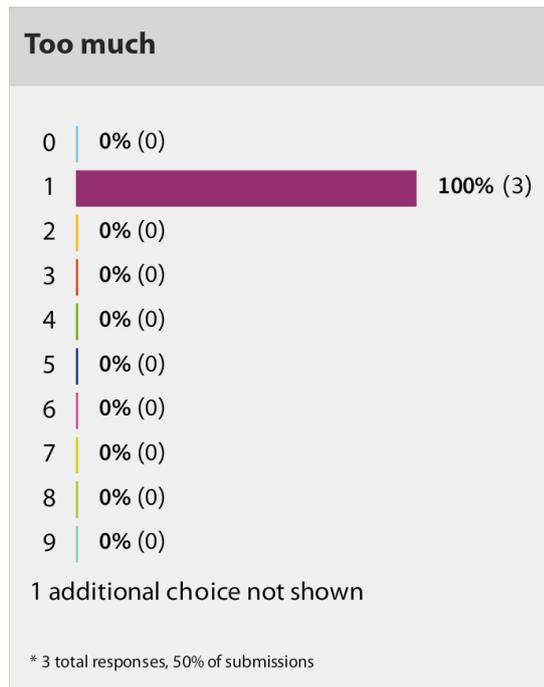
7 attendees out of 80 thought there was not enough information related to chapter 6.



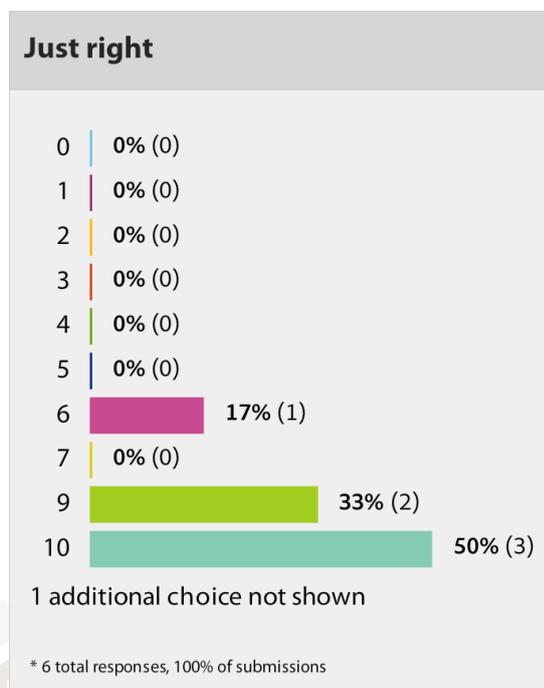
More than 50 attendees considered this topic “fully important”, 30 thought it was “important”, and 3 out of 80 thought it “can be”.

For the first question, “The time allotted for the activity was....

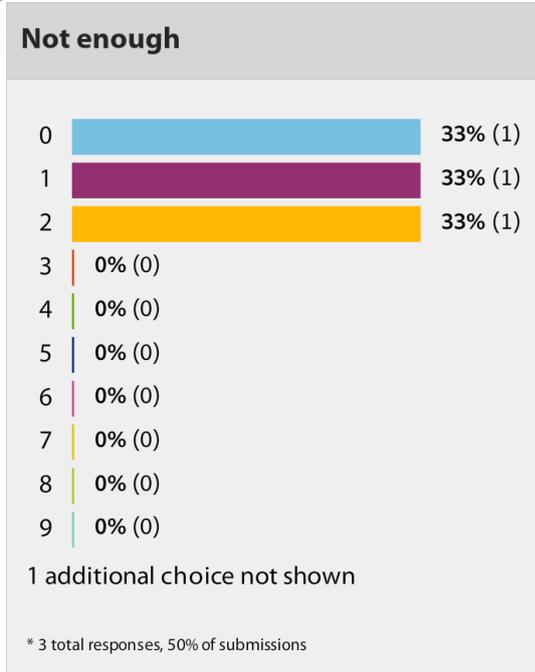
-Too much -Just right -Not enough”, the results are:



Only 3 attendees out of 80, thought there was too much time spent on chapter 7.

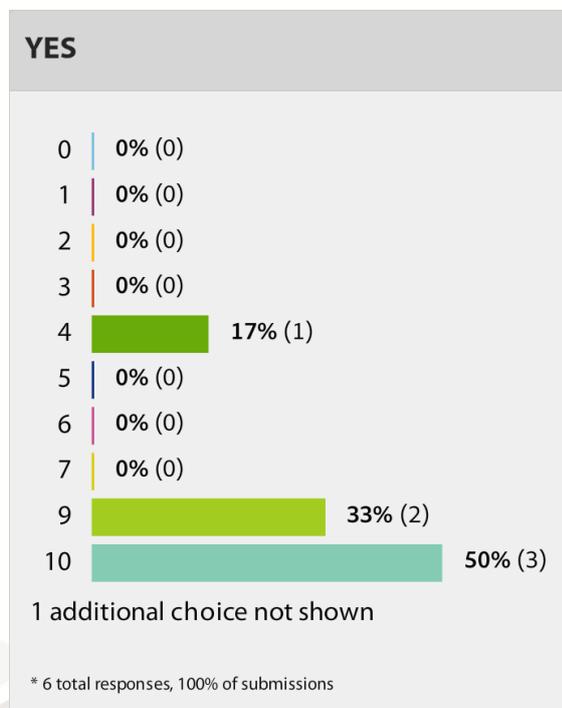


54 out of 80 attendees thought the time allotted to chapter 7 was just right.

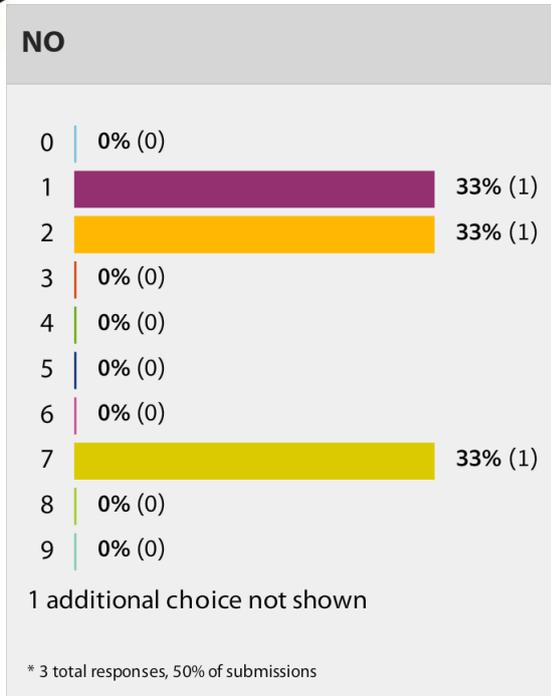


Only 3 workshop participants out of 80 considered there wasn't enough time allotted to chapter 7.

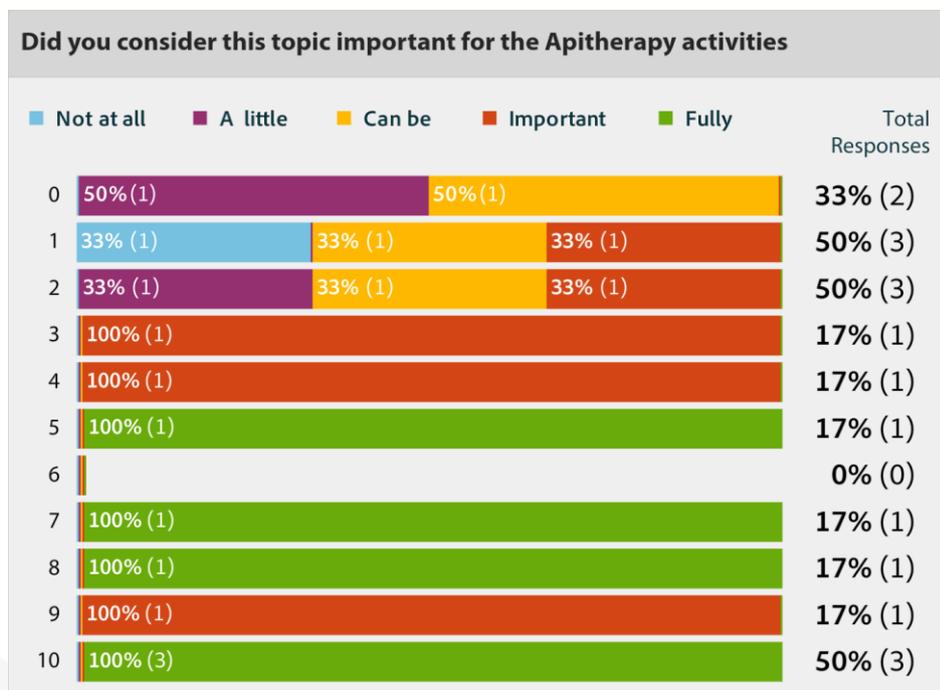
For the second question, "Did the information provide enough information to this topic?", the result are:



More than 52 out of 80 people who attended the Checking Workshop thought there was provided enough information related to chapter 7.



10 attendees out of 80 thought there wasn't enough information related to chapter 7.



More than 50 participants consider this topic to be "fully important", 19 thought this topic is "important", 3 selected "can be" as an answer, 2 selected "a little", and one "not at all", out of the total of 80 people who attended the workshops organized by the Apitherapy consortium members.



FINAL CONCLUSIONS OF THE REPORT

The participants of the Checking Workshop, organized within the Apitherapy project with the purpose of validating the first version of the course, had a positive attitude towards the goals and objectives of the project, and they all expressed more or less the same opinion about the meeting: it was a pleasant, professional and educational environment provided by the moderators of the workshops.

The attendees considered there were enough breaks, the discussions were facilitated by the room arrangements and by the provision of all the necessary materials related to the Apitherapy course and project. They also agreed the facilitators managed the workshop sessions well, the groups achieved the goal of this project's phase, the expertise and the input of the persons who took part at this event were taken into consideration and they were very much appreciated, with the purpose of reaching high quality standards of the Apitherapy products, especially since the products plan to be user-driven, friendly and easy to use, engaging the representatives of the target groups into the learning process.

The main conclusions of this Checking Workshop, at a transnational level, is to add a new chapter about apilarnil as a bee product used in apitherapy, there should be more practical examples, to make it easier for the beekeepers to apply the gained knowledge in real life situations, there should be more detailed information about certain products, such as honey classification, allergies towards pollen, more information about royal jelly, treating Multiple Sclerosis with bee venom, the active substance from bee venom, the content of beeswax, methods of preparation for propolis, etc.

These suggestions will be taken into consideration and the requested changes will be applied to the Apitherapy course, with the purpose of satisfying the target group's training needs related to apitherapy, as an option to increase the incomes of beekeepers.