

[Name of meeting]

Post-Meeting Evaluation

Thank you for attending the [Name of Meeting in City, State on Month, Day, Year]. Your feedback is important to SAMHSA as we strive to improve future events. Please complete this short meeting evaluation by [date within next 10 calendar days]. We value your privacy, and this survey is completely confidential. No personal information will be required to report, however, if you would like to be contacted, there will be an option to share your information at the end. Otherwise, your responses will remain entirely anonymous. Thank you for joining us and thank you for your feedback.

* 1. How satisfied were you with the following aspects of the meeting?

	Very Satisfied	Satisfied	Neither Satisfied nor Unsatisfied	Unsatisfied	Very Unsatisfied
Overall experience at the meeting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall quality of content	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diversity of topics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Very Satisfied	Satisfied	Neither Satisfied nor Unsatisfied	Unsatisfied	Very Unsatisfied
Opportunities for participant engagement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Keynote presentation [Name]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Keynote presentation [Name]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Panel [Name]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Panel [Name]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Breakout session [Name]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Please use this space to provide any additional input on the meeting content, including but not limited to agenda structure, topic diversity, breakout sessions, speaker quality, or any other suggestions for improvement.

* 3. How satisfied were you with the following logistics of the meeting?

	Very Satisfied	Satisfied	Neither Satisfied nor Unsatisfied	Unsatisfied	Very Unsatisfied	Not Applicable (N/A)
Registration process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Travel planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Meeting venue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hotel accommodations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support from onsite staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Meeting materials	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. Please rate the communication emails from [Capital Consulting Corporation] (the contractor) leading up to the meeting (5 = Excellent, 4 = Good, 3 = Fair, 2 = Poor, 1 = Very Poor).

	5 - Excellent	4	3	2	1 - Very Poor
Clarity of Information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Timeliness of Delivery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relevance of Content	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	5 - Excellent	4	3	2	1 - Very Poor
Overall Effectiveness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. Please rate the communication emails from the federal government leading up to the meeting (5 = Excellent, 4 = Good, 3 = Fair, 2 = Poor, 1 = Very Poor).

	5 - Excellent	4	3	2	1 - Very Poor
Clarity of Information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Timeliness of Delivery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relevance of Content	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall Effectiveness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Please use this space to provide any additional input on logistics. We are particularly interested in what worked well and what could be improved (e.g., any difficulties, delays, logistical challenges, etc.).

* 7. To what extent do you agree with the following statements about the meeting?

	5 - Agree the most	4	3	2	1 - Agree the least
The meeting met the stated goal/objective: [write goal/objective here].	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The meeting met the stated goal/objective: [write goal/objective here].	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The meeting met the stated goal/objective: [write goal/objective here].	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The meeting was relevant to my work or area of expertise.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was engaged throughout the	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	5 - Agree the most	4	3	2	1 - Agree the least
meeting.					
I gained valuable insights I can use in my work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I made meaningful connections with other meeting attendees.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[Additional outcome measure].	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[Additional outcome measure].	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 8. What were your key take-aways from the meeting?

* 9. Please use this space for any additional comments or suggestions for improvement(s) in future meetings:

10. Please select your affiliation:

- ☐ SAMHSA grantee or contractor
- ☐ Other non-federal participant
- ☐ SAMHSA participant
- ☐ Other federal participant

11. Did you attend the meeting virtually or in person?

- ☐ Virtually
- ☐ In person

12. Please use this space to suggest future topics or follow-up activities that would be beneficial to you or that would address gaps in your work.

* 13. Are you interested in participating in any follow-up activities?

☐ Yes! I would be interested in learning about follow-up activities.

☐ No, I am not interested in participating in follow-up activities.

14. (Optional) Please provide your name if you are interested in learning about follow-up activities.

15. (Optional) Please provide your email address if you are interested in learning about follow-up activities.

Public reporting burden for this collection of information is estimated to average .25 hours to complete this questionnaire. Send comments regarding this burden estimate or any other aspect of this collection of information to the Substance Abuse and Mental Health Services Administration (SAMHSA) Reports Clearance

Officer, Room 15E57A, 5600 Fishers Lane, Rockville, MD 20857. An agency may not conduct, or sponsor and a person is not required to respond to a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The control number for this project is 0930-0393.

Done

Powered by



See how easy it is to [create surveys and forms](#).

[Privacy & Cookie Notice](#)