[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 personalinformation 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 thankyou 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		\bigcirc		\bigcirc	
Overall quality of content	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Diversity of topics	\bigcirc	\bigcirc	\bigcirc	\bigcirc	

	Very Satisfied	Satisfied	Neither Satisfied nor Unsatisfied	Unsatisfied	Very Unsatisfied
Opportunities for participant engagement	\bigcirc	\bigcirc	\bigcirc	\bigcirc	
Keynote presentation [Name]	\bigcirc	\bigcirc		\bigcirc	
Keynote presentation [Name]	\bigcirc	\bigcirc		\bigcirc	
Panel [Name]	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Panel [Name]	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Breakout session [Name]	\bigcirc	\bigcirc	\bigcirc	\circ	\bigcirc
2. Please use this including but no speaker quality,	t limited to ag	enda struc	ture, topic dive	rsity, break	•

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

[Name of meeting] Survey

	Very Satisfied	Satisfied	Neither Satisfied nor Unsatisfied	Unsatisfied	Very Unsatisfied	Not Applicable (N/A)
Registration process	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Travel planning	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Meeting venue		\bigcirc	\bigcirc	\bigcirc	\bigcirc	
Hotel accommodations		\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Support from onsite staff	\circ	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Meeting materials	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc

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	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Timeliness of Delivery	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Relevance of Content	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc

	5 - Excellent	4	3	2	1 - Very Poor
Overall Effectiveness	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc

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	\bigcirc	\bigcirc		\bigcirc	\bigcirc
Timeliness of Delivery	\bigcirc	\bigcirc		\bigcirc	\bigcirc
Relevance of Content	\bigcirc	\bigcirc		\circ	\bigcirc
Overall Effectiveness	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc

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].					
The meeting met the stated goal/objective: [write goal/objective here].					
The meeting met the stated goal/objective: [write goal/objective here].					
The meeting was relevant to my work or area of expertise.		\bigcirc			
I was engaged throughout the		0			

	5 - Agree the most	4	3	2	1 - Agree the least
meeting.					
I gained valuable insights I can use in my work.		\bigcirc			
I made meaningful connections with other meeting attendees.					
[Additional outcome measure].		\bigcirc	\bigcirc	\bigcirc	
[Additional outcome measure].	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
* 8. What were yo	our key take-a	ways from t	the meeting?		
				//	

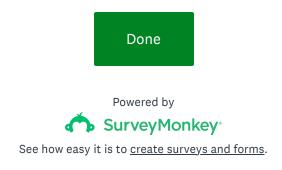
* 9. Please use this space for any additional comments or suggestion improvement(s) in future meetings:	ons to
10. Please select your affiliation:	
SAMHSA grantee or contractor	
Other non-federal participant	
○ SAMHSA participant	
Other federal participant	
11. Did you attend the meeting virtually or in person?	
○ Virtually	
O 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.

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

10/7/24, 2:54 PM

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.



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