

Attachment 3

Town Hall Meeting Feedback Form

Underage Drinking Prevention: Town Hall Meeting Feedback Form

The purpose of this form is to obtain feedback on this meeting. Please do not put your name anywhere on this form. Results will be used to inform similar future events. It is important to obtain information from all participants to maintain quality of service; however, your participation is voluntary.

Description of Meeting:

Location of Meeting:

Date of Meeting:

1. **Name of organization coordinating Town Hall Meeting:**

2. **Which of the following affiliations does your organization represent for the Town Hall Meeting?**

NPN lead SSA lead Coordinator/Organizer

Other (please specify) _____

3. **What was the format of the Town Hall Meeting? (Check all that apply)**

Panel discussion Small group discussion
Open forum Drama presentation
Keynote speaker Breakout sessions

Other (please specify) _____

Over →

4. Who participated in the presentation at the Town Hall Meeting? (Check all that apply)

- | | | | |
|------------------------|--------------------------|-------------------------|--------------------------|
| Community leaders | <input type="checkbox"/> | Education professionals | <input type="checkbox"/> |
| Medical professionals | <input type="checkbox"/> | Human service staff | <input type="checkbox"/> |
| Prevention specialists | <input type="checkbox"/> | Local elected officials | <input type="checkbox"/> |
| Law enforcement | <input type="checkbox"/> | Celebrities | <input type="checkbox"/> |
| Business leaders | <input type="checkbox"/> | Youth | <input type="checkbox"/> |
| Teachers | <input type="checkbox"/> | Parents | <input type="checkbox"/> |
| Health officials | <input type="checkbox"/> | Athletes | <input type="checkbox"/> |
| College students | <input type="checkbox"/> | State elected officials | <input type="checkbox"/> |

Other (specify) _____

5. What were some of the major actions taken as a result of the Town Hall Meetings (THMs)? (check all that apply)

- | | | | |
|-------------------------|--------------------------|---------------------------|--------------------------|
| Started a coalition | <input type="checkbox"/> | Plan to conduct more THMs | <input type="checkbox"/> |
| Held follow-up meetings | <input type="checkbox"/> | Host future events | <input type="checkbox"/> |
| Held discussion groups | <input type="checkbox"/> | Plan legislation | <input type="checkbox"/> |

Other (please specify) _____

6. What type of media promoted the Town Hall Meeting? (check all that apply)

- | | | | | | |
|-----------------------------|--------------------------|------------------|--------------------------|-------------------|--------------------------|
| Radio | <input type="checkbox"/> | Local TV | <input type="checkbox"/> | National TV | <input type="checkbox"/> |
| Newspaper | <input type="checkbox"/> | Live broadcast | <input type="checkbox"/> | Newspaper article | <input type="checkbox"/> |
| Newspaper Ads | <input type="checkbox"/> | Talk show host | <input type="checkbox"/> | E-mail | <input type="checkbox"/> |
| ListServ | <input type="checkbox"/> | Brochures/Flyers | <input type="checkbox"/> | Posters | <input type="checkbox"/> |
| Videotaped for distribution | <input type="checkbox"/> | | | | |

Other (specify) _____

7. **What was the number and composition of the Town Hall Meeting audience excluding panel participants?**

Adults _____ Youth _____

8. **What was the overall response of the Town Hall Meeting attendees? (check one only)**

Very positive Somewhat positive Neutral Ne^gative

9. **Did you use any of the materials provided in the Town Hall Meeting Resource Kit? (check all that apply)**

Local statistics on underage alcohol use Video/DVD

National statistics on underage alcohol use Media kit

Local community resources

Other (please specify) _____

10. **Do you think attendees increased their awareness of the negative effects of underage use of alcohol in your community?**

Yes No

11. **Do you think they will become more involved in working on decreasing underage alcohol use?**

Yes No

12. **How will they become more involved?**

Over →

13. Overall, how satisfied are you with the Town Hall Meeting? (check one)

Very dissatisfied Somewhat dissatisfied

Somewhat satisfied Very satisfied

14. Is there anything else you would like to share about your Town Hall Meeting?

THANK YOU VERY MUCH FOR PARTICIPATING.

Please return this form using the provided self-addressed, stamped envelope or mail

to:

Rená A. Agee

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11785 Beltsville Drive, Suite 300

Calverton, MD 20705

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