

## Region X Office of the Assistant Secretary for Health

**Thank you for participating in our webinar or meeting. Please take a moment to complete this brief, anonymous survey. Your comments will help us improve our educational outreach efforts.**

### REQUIRED QUESTIONS

**How would you rate the following statements?**

1. The webinar/meeting increased my knowledge and understanding about [insert topic].  
 Strongly Agree    Agree    Neutral    Disagree    Strongly Disagree
2. I intend to apply what I learned in my work.  
 Strongly Agree    Agree    Neutral    Disagree    Strongly Disagree
3. The webinar/meeting was applicable and relevant.  
 Strongly Agree    Agree    Neutral    Disagree    Strongly Disagree
4. I am satisfied with the overall quality of the webinar/meeting.  
 Strongly Agree    Agree    Neutral    Disagree    Strongly Disagree
5. Please share suggestions for other topics or for improving future webinars/meetings.

### OPTIONAL QUESTIONS

1. My understanding of the role of my agency/division/department in addressing the [insert topic] has increased.  
 Strongly Agree    Agree    Neutral    Disagree    Strongly Disagree
2. My understanding of prioritizing the needs of various populations [insert topic] has increased.  
 Strongly Agree    Agree    Neutral    Disagree    Strongly Disagree
3. I am able to identify at least one new promising practice relevant to addressing [insert topic] in our community.  
 Strongly Agree    Agree    Neutral    Disagree    Strongly Disagree
4. I am able to identify at least one new resource that can help inform efforts to address [insert topic] in our community.  
 Strongly Agree    Agree    Neutral    Disagree    Strongly Disagree
5. I am able to identify next steps to advance efforts to [insert topic] in our community.  
 Strongly Agree    Agree    Neutral    Disagree    Strongly Disagree

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6. I plan to follow-up and explore potential partnerships/collaborations with others that I met today.

Strongly Agree     Agree     Neutral     Disagree     Strongly Disagree

7. The [Name of Webinar or Meeting] has increased my practical skills regarding [Topic 1]. (Insert/delete as many topics as necessary)

Strongly Agree     Agree     Neutral     Disagree     Strongly Disagree

8. As a result of the [information I learned, knowledge I gained] through the [Name of Webinar or Meeting], I will be more effective in my work.

Strongly Agree     Agree     Neutral     Disagree     Strongly Disagree

9. As a result of my involvement in the [Name of Webinar or Meeting], I have improved my connections with peers/colleagues.

Strongly Agree     Agree     Neutral     Disagree     Strongly Disagree

10. As a result of my participation, I am able to [Name of Webinar or Meeting - Goal 1]. (Insert/delete as many objectives/goals as necessary)

Strongly Agree     Agree     Neutral     Disagree     Strongly Disagree

11. Which of the following best describes your position? (Check all that apply)

- State or local public agency leadership (Commissioners, Directors, Deputies)
- Program Managers/ Program Director
- Supervisors
- Case Workers/Direct Practice Workers
- Researcher
- Policy Maker
- Technical Assistance/ Consultant
- Advocacy
- Other (Please describe)

12. Which of the following best describes your organizational affiliation? (Check all that apply)

- State public agency
- Local or county public agency/organization
- Federal agency
- Legislature
- Non-profit (e.g. community-based organization, faith-based organization)
- Territory
- Tribal agency/organization
- Training and technical assistance provider
- Philanthropy or foundation
- Early, Elementary, and Secondary Education
- Higher Education
- Other (Please describe)

**OPTIONAL OPEN-ENDED QUESTIONS**

13. What aspects of the [Name of Webinar or Meeting] were most useful for your work?

14. Do you have any other comments or suggestions for the planning group?