**Customer Service Feedback Survey of 2017 NSSP Annual Grantee Meeting**

***General Meeting Feedback***

**From an overall perspective, please indicate whether this meeting met your expectations:**

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| **Met expectations** | **Neutral** | **Did not meet expectations** | **NA/ Did not attend** |

**Please indicate what you liked most about the meeting.**

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**Please indicate how the meeting, as a whole, could be improved.**

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**Please indicate topic areas/ areas of need that you would like further guidance on from CDC and/ or other grantees.**

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***Session Feedback***

**Please indicate your level of agreement with the following statements regarding the meeting sessions:**

I was satisfied with each of the following sessions

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| **Session** | **Strongly agree** | **Agree** | **Neutral** | **Disagree** | **Strongly disagree** | **NA/ Did not attend** |
| ESSENCE Beginner Training |  |  |  |  |  |  |
| ESSENCE Intermediate/ Advanced Training |  |  |  |  |  |  |
| National Syndromic Surveillance Program (NSSP) Future Steps |  |  |  |  |  |  |
| Meaningful Use Overview |  |  |  |  |  |  |
| NSSP Success Stories from the Field |  |  |  |  |  |  |
| State Collaboration and Partnership Strategies |  |  |  |  |  |  |
| Community of practice |  |  |  |  |  |  |
| NSSP Grantee Guidance |  |  |  |  |  |  |
| Annual Progress Report Results |  |  |  |  |  |  |
| Supporting Data and Tools Used to Generate Measures for Reporting |  |  |  |  |  |  |
| Representativeness and Recruitment Roundtable |  |  |  |  |  |  |
| Syndromic Surveillance Practice Roundtable |  |  |  |  |  |  |
| Data Quality Roundtable |  |  |  |  |  |  |
| Data Sharing Roundtable |  |  |  |  |  |  |
| Poster Session |  |  |  |  |  |  |
| Breakfast and Networking |  |  |  |  |  |  |

**Please indicate how any of these sessions could be improved. Please include the particular session the comment is in reference to.**

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**Please indicate topics/ issues around which you would like to see sessions/ discussion organized in future grantee meetings**

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***Logistics Feedback***

**Please indicate your level of satisfaction with the following logistical components of the meeting.**

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| **Logistical component** | **Very Satisfied** | **Satisfied** | **Neutral** | **Unsatisfied** | **Very Unsatisfied** |
| Transportation |  |  |  |  |  |
| Housing/ Accommodations |  |  |  |  |  |
| Meeting Location |  |  |  |  |  |
| Learning Environments |  |  |  |  |  |
| Meeting AV |  |  |  |  |  |

**Please indicate ways in which we can improve the meeting in terms of logistics.**

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**Please provide any additional comments or suggestions in regards to the meeting.**

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