

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:

Met expectations	Neutral	Did not meet expectations	NA/ Did not attend
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Please indicate what you liked most about the meeting.

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

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

The public reporting of this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to – CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333 ATTN: PRA (0920-0974).

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

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						

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

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.

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.

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

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