



In order to help NHTTAC better serve the National Advisory Committee (NAC), we are reaching out to obtain your feedback. We will protect the privacy of your information in accordance with the Federal Privacy Act, and we will protect the confidentiality of your responses using procedures we have in place, including reporting all information in aggregate to avoid identifying information. Only members of the NHTTAC Evaluation Team have access to information that could identify respondents. If you have any questions about this survey or the evaluation, please contact [NHTTACEval@icf.com](mailto:NHTTACEval@icf.com).

**Please provide the information below to create an anonymous ID:**

<p>_____</p> <p>Birth Month (insert just the month for your <i>date of birth</i>, example: 08 for August)</p>	<p>_____</p> <p>First letter of first name (example: S for Sara)</p>	<p>_____</p> <p>First letter of your middle name (example: M for Maria)</p>
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1. In the past 12 months, how many NAC meetings have you participated in?

\_\_\_\_\_

2. Please rate the quality of the NAC meeting(s) that you have attended.

1	2	3	4
Poor	Fair	Good	Excellent

3. Please rate the quality of the NAC webinar(s) that you have attended.

1	2	3	4
Poor	Fair	Good	Excellent

**Please indicate how well the NAC has achieved the following objectives.**

OVERALL OBJECTIVES	Poor	Fair	Good	Excellent
4. [Insert objective 1].	1	2	3	4
5. [Insert objective 2].	1	2	3	4
6. [Insert objective 3].	1	2	3	4
7. [Insert objective 4].	1	2	3	4
8. [Insert objective 5].	1	2	3	4

9. As a result of my involvement in the NAC, I made meaningful connections with other professionals in the field of human trafficking identification, prevention, and service provision.

1	2	3	4
Strongly Disagree	Disagree	Agree	Strongly Agree

Paperwork Reduction Act Notice

Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a valid OMB control number. The estimated average time to complete this form is 5 minutes. If you have comments regarding the accuracy of this estimate or additional suggestions, please write to the NHTTAC Evaluation Team at [NHTTACEval@icf.com](mailto:NHTTACEval@icf.com) or 9300 Lee Highway, Fairfax, VA 22031.



10. How would you describe the level of collaboration among NAC members?

1	2	3	4
Very weak	Weak	Strong	Very strong

11. How often would you like to meet in person with NAC members? \_\_\_\_\_

12. How would human trafficking service provision be impacted if the NAC did not exist?

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13. Looking ahead, what additional activities can the NAC undertake to further collaboration and information sharing that would be useful to members?

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**Please indicate the extent to which you agree or disagree with the following statements about NHTTAC’s contribution to the NAC:**

	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
14. NHTTAC has been helpful in orienting new members to the NAC.	1	2	3	4	NA
15. There has been good communication between NHTTAC and the NAC.	1	2	3	4	NA
16. The information NHTTAC has shared with the public reflects a public health approach to addressing human trafficking.	1	2	3	4	NA
17. NHTTAC has been supportive in meeting planning.	1	2	3	4	NA
18. NHTTAC has been helpful through their onsite meeting support.	1	2	3	4	NA

19. Based on your interactions with NHTTAC on the NAC, would you recommend NHTTAC to others to receive T/TA?

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Yes       No

20. What do you think are the most important activities that the NAC should prioritize?

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21. Please provide any comments or suggestions on how the NAC can be improved.

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22. Is your agency responsible for working with people who are currently being trafficked or have been trafficked?

Yes       No

23. In your professional capacity, how frequently do you come into contact with a person who is currently being trafficked, at risk of trafficking, or has been trafficked?

1	2	3	4
<i>Never</i>	<i>Occasionally</i>	<i>Frequently</i>	<i>All the Time</i>

***Thank you for taking the time to complete this form and helping to improve NHTTAC activities.***

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