

# Group Outreach and Education Survey



OMB CONTROL NUMBER: 0985-0056

The following questions ask about the presentation you recently attended. Please answer all of the questions and leave the comment card with the presenter when you finish. Thank you!

## 1. How did you learn about today's presentation? (mark all that apply)

- A Event location announcement (e.g., senior center, library)
- B Mailing
- C Friend or relative
- D Another agency
- E Website
- F Previous presentation
- G TV, radio, or newspaper
- H Flyer
- I Other (please specify \_\_\_\_\_)

For questions 2 - 6, mark how much you agree or disagree with the following statement(s):

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
2. It was easy to find the details of the presentation, such as date, time, location, and topic.	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
3. This presentation provided me with useful information.	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
4. Overall, I am satisfied with the presentation today.	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
5. I would contact the presenter for help or information.	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
6. I would recommend this presentation to others.	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E

## 7. Based on what you learned today, do you plan to take any specific actions?

A Yes (please specify below).

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B No.

C Don't know/not sure.

**8. What could we do to improve the information or service(s) provided to you today?**

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Presentation information to be completed by program official.		Location: _____
Time: _____	Date: _____	_____
Name of Presenter: _____		Address: _____
Office of Management and Budget (OMB) Survey Expiration Date: xx xx, xxxx		_____

PRA Public Burden Statement:

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number (OMB 0985-0056). Public reporting burden for this collection of information is estimated to average 5 minutes per response, including time for gathering and maintaining the data needed and completing and reviewing the collection of information. The obligation to respond to this collection is voluntary. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Administration for Community Living, U.S. Department of Health and Human Services, 330 C Street, SW, Washington, DC 20201-0008, Attention Sara Vogler, or [sara.vogler@acl.hhs.gov](mailto:sara.vogler@acl.hhs.gov).

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