

National Institute of Mental Health
Professional Coalition for Research Progress Meeting
(DATE)
Assessment Form

Public reporting burden for this collection of information is estimated to average 2 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. An agency may not conduct or sponsor, and a person is not required to respond to, a 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: NIH Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0648). Do not return the completed form to this address.

Thank you for attending the NIMH Professional Coalition for Research Progress Meeting! Please take a moment to answer the following questions by rating how useful the presentations and discussions were in enhancing your understanding of the topics presented and information shared. Kindly return the completed forms to the registration table.

Name: _____ Organization: _____

Please circle the number that corresponds with your response by rating the usefulness of the following presentations and sessions.

	Very Useful	Useful	Somewhat Useful	Not Useful	Not Applicable
Presentations					
(TOPIC) (Presenter)	4	3	2	1	N/A
(TOPIC) (Presenter)	4	3	2	1	N/A
(TOPIC) (Presenter)	4	3	2	1	N/A
Overall					
Coalition Engagement: Group Discussion	4	3	2	1	N/A
Opportunity to network with NIMH staff and learn about NIMH research	4	3	2	1	N/A

Q1. Which aspects of the meeting were helpful, and why?

Q2. What topics would you like to hear about at future meetings?

Q3. What could be improved upon at future meetings?

Q4. Please indicate your purpose for attending today's meeting. Please check all that apply.

- ☐ To learn about NIMH directions/priorities
- ☐ To network with fellow Coalition members
- ☐ To interact with NIMH staff
- ☐ To express your organization's needs and/or be heard
- ☐ Other (describe)

Please circle the number that corresponds with your response for question 5 through question 10.

	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable
Q5. Today's meeting met my expectations.	4	3	2	1	N/A
Q6. I was given adequate opportunity to ask questions and/or provide input.	4	3	2	1	N/A
Q7. I have a better understanding of NIMH directions and priorities because of attending today's meeting.	4	3	2	1	N/A
Q8. The content presented was appropriate for me and/or my organization.	4	3	2	1	N/A
Q9: The topics covered in today's meeting were clearly explained.	4	3	2	1	N/A
Q10. NIMH and/or Longevity Consulting staff provided appropriate logistical support.	4	3	2	1	N/A

If you have selected "Disagree or Strongly Disagree" for Q5 – Q10, please elaborate on your response (s).

Q5.

Q6.

Q7.

Q8.

Q9.

Q10.

Please provide additional comments, recommendations or questions below.