## DOD Survivor Symposium Feedback Form

## **Purpose**

Military Community and Family Policy would like to request feedback from those who attended the Defense Department's first Survivor Symposium. The feedback form will determine if the symposium and the information presented further the department's commitment to supporting survivors of active-duty deaths, including by helping survivors understand all benefits and forms of assistance.

We request completion of an online feedback form with the following audience segment:

• Attendees of the 2024 DOD Survivor Symposium

The objectives of the feedback form are to determine:

- Attendee satisfaction with the DOD Survivor Symposium
- Relevance of the information covered in the DOD Survivor Symposium
- Frequency of future DOD Survivor Symposiums
- Topics covered in future DOD Survivor Symposiums

## **Feedback Form Questions**

Form preview link: <a href="https://preview-survey.foresee.com/f/f59E0HkjgZ">https://preview-survey.foresee.com/f/f59E0HkjgZ</a>

OMB CONTROL NUMBER: 0704-0553 OMB EXPIRATION DATE: 05/31/2025

## **DOD Survivor Symposium Feedback Form**

The Defense Department thanks you for attending the 2024 DOD Survivor Symposium. We value your feedback, which will directly impact future events. Your responses to this survey are voluntary and completely anonymous.

View Privacy Policy and Agency Disclosure Notice

Rate your experience with the DOD Survivor Symposium: (5 stars = very good)

[Star selection]

If you attended the session about benefit changes when you remarry, rate the relevance of the information covered.
[ ] Completely irrelevant
[] Irrelevant
[ ] Relevant
[ ] Very relevant

[ ] Did not attend session
If you attended the session about applying for the death gratuity as a parent or guardian, rate the relevance of the information covered.
[ ] Completely irrelevant [ ] Irrelevant [ ] Relevant [ ] Very relevant [ ] Did not attend session
If you attended the session about keeping your account up to date with the Defense Finance Accounting Service and the Department of Veterans Affairs, rate the relevance of the information covered.
[ ] Completely irrelevant [ ] Irrelevant [ ] Relevant [ ] Very relevant [ ] Did not attend session
How likely are you to recommend the DOD Survivor Symposium to someone else?
[ ] Very unlikely [ ] Unlikely [ ] Likely [ ] Very likely
How likely are you to attend another DOD Survivor Symposium?
[ ] Very unlikely [ ] Unlikely [ ] Likely [ ] Very likely
How often would you attend a DOD Survivor Symposiums?
[ ] Once a year [ ] Twice a year [ ] Three times a year
How did you hear about the DOD Survivor Symposium? (Select all that apply)
[ ] Military OneSource eNewsletter or email [ ] Military OneSource website [ ] Facebook

[ ] X/Twitter [ ] Friend/family member
[] Service provider
[ ] Other (Specify, do not include any personally identifiable information)
Did you experience any of the following issues during the DOD Survivor Symposium? (Select all that apply)
[] Symposium did not meet my needs
[ ] Symposium topics were not presented in a concise format [ ] No issues occurred
[ ] Other (Specify, do not include any personally identifiable information)
What topics would you like to see covered in a future DOD Survivor Symposium? (Do not include any personally identifiable information, or PII, in your response, such as full name, email address, home address or other contact information.)
[Open ended, short response]
What is one thing you would change about the DOD Survivor Symposium? (Do not include any personall identifiable information, or PII, in your response, such as full name, email address, home address or othe contact information.)
[Open ended, short response]
What is your connection to the event?
[ ] Surviving family member [ ] Service provider
[ ] Other (Specify, do not include any personally identifiable information)
[SUBMIT]