**Instructions**

This template can be distributed in various ways, including:

* Use an online tool such as Survey Monkey and send to meeting participants via email after the meeting.
* Distribute a paper copy onsite and gather feedback immediately after the meeting.
* An electronic copy or a paper copy can be used by the Care Coordinators and/or Administrative Support to obtain consumer feedback via phone call (e.g., during follow-up calls after a meeting for those who have not completed the evaluation, or for those who prefer or need to provide meeting feedback using this method).

Consumer Advisory Board

Consumer Feedback Meeting Evaluation

|  |  |
| --- | --- |
| Meeting Date and time: |  |
| Meeting Topic: |  |
| How did you attend? | In person or virtually (checkboxes) |

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| Email: |  |
| Phone: |  |

1. Was the meeting held at:
   * A convenient time (Rate 1-5: 1 being not convenient at all and 5 very convenient)
2. If you attended this meeting in person, please rate how easy it was to get to the meeting location.
   * (Rate 1-5: one being very easy and 5 being very difficult)
3. If you attended online, please rate how easy it was to join the meeting online.
   * (Rate 1-5: one being very easy and 5 being very difficult)
4. If you needed accommodations to attend and participate in this meeting either in person or online:
   * What accommodations did you need?

|  |
| --- |
|  |

* + Were your accommodations needs met to your satisfaction?

(Rate 1-5)

1. How much information did you get before the meeting?
   * All the information
   * Most of the information
   * Some information
   * A little information
   * None
2. Was there enough time to for feedback and discussion? The meeting was:
   * Too long
   * Just right
   * Too short
3. Tell us how easy it was to provide your feedback on the topic during the meeting.
   * Round Robin format made sure I had a turn at giving feedback.
   * It was hard to track the topic for providing feedback.
   * The meeting ran out of time.
   * There were people who spoke all the time and made it hard for me to provide feedback.
   * Other

|  |
| --- |
|  |

1. What did you like best about this meeting? Choose all that apply.
   * Meeting was organized
   * Meeting was facilitated well
   * Sharing experiences with meeting participants
   * I learned something that I will use
   * Food and refreshments
   * Other

|  |
| --- |
|  |

1. How can we make this a better experience for you and your peers?

|  |
| --- |
|  |

1. What topics would you like to see addressed at Consumer Feedback meetings?

|  |
| --- |
|  |

1. The next Consumer Feedback Meeting topic is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How interested are you in participating?

* Interested
* Not interested
* Keep me posted on other Meetings where the topic may be of interest to me