

Southeast Chicago Diabetes Community Action Coalition
Form C.4



(Reviewed and Approved)

Meeting Feedback Questionnaire

Do not write your name on this questionnaire.

Please take a couple of minutes at the end of the meeting to complete this form. The feedback will help us improve the quality and friendliness of the meetings and the effectiveness of the Coalition.

Date of Meeting: _____

Place of Meeting: _____

Type of meeting/event:

- | | |
|--|---|
| <input type="checkbox"/> General Coalition
<input type="checkbox"/> Training Committee
<input type="checkbox"/> Quality of Care Committee
<input type="checkbox"/> Other Event/Meeting: _____ | <input type="checkbox"/> Diabetes Education Committee
<input type="checkbox"/> Evaluation Committee
<input type="checkbox"/> Resource Development |
|--|---|

Please rate.

I was notified of this meeting with sufficient notice.	Yes	No	Don't Know
The meeting started and ended on time.	Yes	No	Don't Know

How would you rate each of the following:	Poor	Fair (regular)	Good	Excellent
the agenda (clear?)	1	2	3	4
the objectives (appropriate)	1	2	3	4
the location of the meeting	1	2	3	4
information shared in this meeting	1	2	3	4
the way decisions were made	1	2	3	4

THANK YOU FOR YOUR COOPERATION

the handouts (appropriate, useful)	1	2	3	4
opportunities for participation and sharing	1	2	3	4
assignment of follow-up tasks	1	2	3	4

(Write in English or Spanish. Escriba en Ingles o Español).

Was this meeting worth your time?

What went well in this meeting?

What could have gone better?

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