

COALITION MEMBER SURVEY

1. If you have been a member of a workgroup, please check the which group(s):

- [NAME]
- [NAME]
- {NAME}

2. If you have held a leadership position, please check the correct role:

- Coalition Chair
- Coalition Vice Chair
- Workgroup Chair
- Workgroup Vice Chair

3. How long have you been a member of this Coalition?

- Less than one year 1 to 4 years 5 to 8 years

Please circle the number that best shows how satisfied you are with each aspect of the Coalition that are described below. Provide additional comments if you wish.

PLANNING AND IMPLEMENTATION

	Very Dissatisfied				Very Satisfied
	1	2	3	4	5
4. Clarity of the vision for where Coalition should be going	1	2	3	4	5
5. Planning process used to prepare Coalition's objectives	1	2	3	4	5
6. Follow through on Coalition's activities	1	2	3	4	5
7. Efforts to promote collaborative action	1	2	3	4	5
8. Process used to access the state needs	1	2	3	4	5
9. Training and technical assistance provided by staff	1	2	3	4	5

Comments: _____

Please answer the following items concerning how satisfied you are with the . . .

LEADERSHIP

	<u>Very Dissatisfied</u>			<u>Very Satisfied</u>	
	1	2	3	4	5
10. Strength and competence of Coalition staff and leadership					
11. Commitment of Coalition to build and sustain a diverse membership					
12. Opportunities for Coalition members to take leadership roles					
13. Balance of power between staff, leaders, and members					

Comments: _____

Please answer the following items concerning how satisfied you are with . . .

INVOLVEMENT IN COALITION

	<u>Very Dissatisfied</u>			<u>Very Satisfied</u>	
	1	2	3	4	5
14. Participation of influential people from key sectors and organizations					
15. Collaboration with local communities/coalitions					
16. Help given to local communities to become better able to address and resolve their concerns					
17. Location of meetings and workshop sites					
18. Frequency and duration of meetings					

Comments: _____

Please answer the following items concerning how satisfied with the . . .

COMMUNICATION

	Very Dissatisfied			Very Satisfied	
	1	2	3	4	5
19. Use of the media to promote awareness of Coalition's goals, actions, and accomplishments					
20. Communication between Coalition members and staff	1	2	3	4	5
21. Communication among members of Coalition	1	2	3	4	5
22. Communication between Coalition and the broader community	1	2	3	4	5
23. Extent to which Coalition members are listened to and heard	1	2	3	4	5
24. Working relationships established with elected officials	1	2	3	4	5
25. Information provided on issues and available resources	1	2	3	4	5

Comments: _____

For items 25 – 35, circle the number that best represents your opinion about your work with COALITION:

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
	1	2	3	4	5
26. My abilities are used effectively					
27. I am usually clear about my role in Coalition	1	2	3	4	5
28. My time is well spent on Coalition	1	2	3	4	5
29. I am satisfied with what Coalition has accomplished	1	2	3	4	5
30. I feel that I have a voice in what Coalition decides	1	2	3	4	5
31. I really care about the future of Coalition	1	2	3	4	5
32. Members stay on task	1	2	3	4	5
33. Interest is generally high	1	2	3	4	5
34. Coalition meetings run smoothly	1	2	3	4	5
35. Members seem well informed	1	2	3	4	5
36. Routine matters are handled quickly	1	2	3	4	5

Please answer the following items concerning your satisfaction with COALITION's . . .

PROGRESS AND OUTCOMES

	Very Dissatisfied			Very Satisfied	
	1	2	3	4	5
37. Coalition's efforts to sustain itself over time	1	2	3	4	5
38. Progress in meeting Coalition's objectives	1	2	3	4	5
39. Success in generating resources for Coalition	1	2	3	4	5
40. Fairness with which funds and opportunities are distributed	1	2	3	4	5
41. Capacity of members to give support to each other	1	2	3	4	5
42. Capacity of Coalition and its members to advocate effectively	1	2	3	4	5
43. Coalition's contribution to improving health/human services in region or state	1	2	3	4	5

How certain are you that ...

	Not at all certain			Very certain	
	1	2	3	4	5
44. The coalition will improve [health outcome] in [county or state]	1	2	3	4	5
45.					
46. [County or state] is better off today because of the coalition.	1	2	3	4	5
47.					

OVERALL COMMENTS AND SUGGESTIONS FOR IMPROVEMENT:

Thank you for your valuable feedback. Please return the completed questionnaire to:

