

Group Outreach and Education Survey

OMB CONTROL NUMBER: 0985-0056

The following questions ask about the presentation you recently attended. Please answer all of the questions and leave the comment card with the presenter when you finish. Thank you!

1. How did you learn about today's presentation? (mark all that apply)

- | | |
|--|--|
| <input type="radio"/> A Event location announcement (e.g., senior center, library) | <input type="radio"/> E Website |
| <input type="radio"/> B Mailing | <input type="radio"/> F Previous presentation |
| <input type="radio"/> C Friend or relative | <input type="radio"/> G TV, radio, or newspaper |
| <input type="radio"/> D Another agency | <input type="radio"/> H Flyer |
| | <input type="radio"/> I Other (please specify _____) |

For questions 2 – 6, mark how much you agree or disagree with the following statement(s):	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
2. It was easy to find the details of the presentation, such as date, time, location, and topic.	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
3. This presentation provided me with useful information.	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
4. Overall, I am satisfied with the presentation today.	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
5. I would contact the presenter for help or information.	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E
6. I would recommend this presentation to others.	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D	<input type="radio"/> E

7. Based on what you learned today, do you plan to take any specific actions?

- ☐ A Yes (please specify below).

- ☐ B No.

- ☐ C Don't know/not sure.

8. What could we do to improve the information or service(s) provided to you today?

Presentation information to be completed by program official.

Location: _____

Time: _____ Date: _____

Name of Presenter: _____ Address: _____

Presented by: ☐ SHIP ☐ SMP ☐ Both Office of Management and Budget (OMB) Survey Expiration Date: 11/30/26

Survey continues on the next page

Demographic Questions

Thank you for answering our questions about your experience with the SHIP/SMP. We have two additional demographic questions to get a better sense of who we're serving. Your responses will not be shared individually. They will be reported in a summary with many other responses/answers. With each question, you have an option not to answer.

1. Which of the following race(s) best represent you? [Select ALL that apply]:

- | | |
|--|--|
| <input type="checkbox"/> A American Indian or Alaskan Native | <input type="checkbox"/> E Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> B Asian | <input type="checkbox"/> F White |
| <input type="checkbox"/> C Black or African American | <input type="checkbox"/> G Prefer not to answer |
| <input type="checkbox"/> D Hispanic or Latino | |

2. What is your sex?

- | |
|--|
| <input type="checkbox"/> A Male |
| <input type="checkbox"/> B Female |
| <input type="checkbox"/> C Uncollected |

Public Burden Statement:

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number (OMB 0985-0056). Public reporting burden for this collection of information is estimated to average six minutes per response, including time for gathering and maintaining the data needed and completing and reviewing the collection of information. The obligation to respond to this collection is voluntary.