

Nevada Faith and Health Coalition
 Coalition Development to Impact Disease Prevention
 Evaluation Survey | March 19, 2019

1. Please indicate if you belong to one of the following:

- | | |
|---|---|
| <input type="checkbox"/> Government agency | <input type="checkbox"/> Private citizen |
| <input type="checkbox"/> Community organization | <input type="checkbox"/> Private business |
| <input type="checkbox"/> Faith-based organization | <input type="checkbox"/> Other |

2. How much would you agree with the statements below?

Strongly disagree – 1	Disagree – 2	Agree – 3	Strongly Agree – 4
I feel my participation in the meeting is worthwhile.	1	2	3 4
The goals for the meeting were clearly set.	1	2	3 4
I feel the meeting accomplished the set tasks.	1	2	3 4

3. How would you rate the following areas:

Poor – 1	Fair – 2	Good – 3	Excellent – 4
Leadership/facilitation during the meeting.	1	2	3 4
Information provided during the meeting.	1	2	3 4
Engagement activities during the meeting.	1	2	3 4

4. Overall, what did you like the most about the meeting? Least?

Most	Least

5. Do you know of anyone else that should be invited to the next meeting? If so, can you please provide names and contact information, if available?