This is an example. LLAs should adapt this instrument to fit their CX process.

On behalf of the entire team at [name of LLA], thank you for participating in the Communities of Excellence (CX) Needs Assessment! We would like to get your feedback about your experience with the CX meeting(s). Please share your thoughts about your participation by answering the following questions. The survey is anonymous and will take only a few minutes of your time.

**First, we would like to ask about your involvement in the process.**

1. Have you participated in the Communities of Excellence Needs Assessment meetings in previous years and, if so, how many times?

1. This was my first time
2. I participated 1 time before
3. I participated 2 times before
4. I do not recall

2. Approximately how many hours did you spend on the 2021 Communities of Excellence Needs Assessment meetings, including time spent reviewing background information and participating in the meeting(s)?

1. 0-2 hours
2. 3-5 hours
3. 6-10 hours
4. more than 10 hours
5. I am not sure/do not know

3. Did you feel that it was worth your time? Why or why not?

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4. Please indicate your level of agreement or disagreement with the following statements about the Communities of Excellence Needs Assessment meeting(s). You can also answer "I do not know."

| **CX Process** | **Strongly Disagree****1** | **Somewhat Disagree****2** | **Neither Agree Nor Disagree****3** | **Somewhat Agree****4** | **Strongly Agree****5** | **I Do Not Know****DK** |
| --- | --- | --- | --- | --- | --- | --- |
| 1. The purpose of the CX process was clear to me.
 | ❏ | ❏ | ❏ | ❏ | ❏ | ❏ |
| 1. I understood how the CX process helps establish the [name of LLA]’s future priorities.
 | ❏ | ❏ | ❏ | ❏ | ❏ | ❏ |
| 1. I was encouraged to participate and contribute equally.
 | ❏ | ❏ | ❏ | ❏ | ❏ | ❏ |
| 1. As a result of my participation, I better understood the role of the [name of LLA] in my community.
 | ❏ | ❏ | ❏ | ❏ | ❏ | ❏ |
| 1. I believe the final decision of the group reflected what matters to the community in terms of tobacco prevention and control.
 | ❏ | ❏ | ❏ | ❏ | ❏ | ❏ |
| 1. I believe the final decision regarding the selection of priority indicators reflects those that can be achieved with the resources and conditions of our community.
 | ❏ | ❏ | ❏ | ❏ | ❏ | ❏ |

1. If you would like to add to your responses for questions 4a – 4f, feel free to use the comment box below.

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6. Please rate your experience with the meeting(s)in which you participated:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Organization of Session(s)** | **Strongly Disagree****1** | **Somewhat Disagree****2** | **Neither Agree Nor Disagree****3** | **Somewhat Agree****4** | **Strongly Agree****5** | **I Do Not Know****DK** |
| 1. The meeting(s) in which I participated was/were very organized.
 | ❏ | ❏ | ❏ | ❏ | ❏ | ❏ |
| 1. The materials provided in advance of the meeting(s) prepared me to participate in the discussion and rating process.
 | ❏ | ❏ | ❏ | ❏ | ❏ | ❏ |
| 1. The CX process was sensitive to non-English speaking persons in our community.
 | ❏ | ❏ | ❏ | ❏ | ❏ | ❏ |
| 1. My internet/remote connection was sufficient to participate in the online meeting(s).
 | ❏ | ❏ | ❏ | ❏ | ❏ | ❏ |
| 1. The [name of LLA] provided a good remote experience (e.g., meeting platform, convenience, meeting length, etc.).
 | ❏ | ❏ | ❏ | ❏ | ❏ | ❏ |

1. If you would like to add to your responses for questions 6a – 6e feel free to use the comment box below.

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1. Was there anyone that was not at the meeting(s) whose voice would have helped inform the discussion and [decision making]?

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9. How would you rate your overall satisfaction with the Communities of Excellence (CX) meeting(s)?

a. Very poor

b. Poor

c. Acceptable

d. Good

e. Very good

10.  Please explain why you chose your rating.

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11. Which of the following organization types do you represent:

1. Community-based nonprofit
2. School or office of education
3. Law enforcement
4. Alcohol and Drug Prevention
5. Faith-based
6. Healthcare provider or health care system
7. Mental health
8. Oral health
9. Schools
10. Racial/social justice organization
11. Youth serving organizations
12. Other: (please specify)