

Chapter Survey

Name: _____ Chapter/Foundation: _____

Meeting Name & Date(s): _____

Meeting Location: _____

1. Description of how the Meeting Resource Kit was used or the type of program that was presented (exhibit, panel discussion, other form of presentation):

2. Attach 3 pictures that capture the above description (jpg preferred; please email to sgoodman@aafp.org).

3. Number of attendees who viewed the AAFP Foundation *Highlight on Diabetes* exhibit: _____

4. Number of attendee evaluations enclosed: _____

5. Number who participated in workshop/panel discussion (if applicable): _____

6. Please indicate your agreement with the 3 statements below:

Strongly Disagree **Disagree** **Neutral** **Agree** **Strongly Agree**

The resource kit made a positive contribution to our meeting.

I would recommend the resource kit to other Chapters.

I will use the resource kit at other Chapter functions.

7. Please evaluate the ease of using the Meeting Resource Kit and navigating the grant process:

N/A **Very Difficult** **Difficult** **Neutral** **Easy** **Very Easy**

Navigating the AAFP Foundation website

Applying for the grant

Ordering & receiving the kit

Setting up the display

Setting up the workshop/panel

Collecting evaluation information

Getting questions answered

Chapter Survey

8. Please evaluate the relative value of the individual pieces of the *Highlight on Diabetes Meeting*

Resource Kit:

Did Not Use	No Value	Little Value	Neutral	Valuable	High Value
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Slide deck

Patient education materials

Video

Customizable poster

Customizable ad

Display panel

9. How did you benefit from this grant?

10. What did you like best about the grant process and the AAFP Foundation *Highlight on Diabetes Meeting* Resource Kit?

11. How could the grant process and the Meeting Resource Kit be improved?

Email, fax, or mail the completed Chapter Survey to: Email: sgoodman@aafp.org; Fax: 913-906-6095; Mail: AAFP Foundation, Attn: Sondra Goodman, 11400 Tomahawk Creek Parkway, Ste. 440, Leawood, KS 66211.

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