

## Network Member Satisfaction Survey

We welcome your feedback on how well the Arizona Rural Women's Health Network is doing. For each item, please select the response which indicates your satisfaction with that aspect of the Network. This is a voluntary survey. If you choose to respond to the survey, your answers will be anonymous. Please do not skip questions. Please evaluate the performance of the Network both as a member of the Network, and as a representative of your organization/agency. Results of this survey will be used to assist the Network in making decisions regarding the Network's functioning and future development. The entire survey will take about 10 minutes of your time. Please complete the survey in one sitting. When you have completed the survey, please click "Send form." If you are unable to complete the survey (e.g., have not attended meetings) please briefly explain in the box in Question 11. If you have additional comments to make, please go through the survey and enter your comments in Question 11, as well. Thank you for participation!

\* Required



**1. 1. Your satisfaction with the Network... \***

Please select one response per line.

Mark only one oval per row.

	Very Dissatisfied	Somewhat Dissatisfied	Undecided	Somewhat Satisfied	Very Satisfied
Diversity of Network	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Representation by Organizations Interested in or Experts in Rural Women's Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opportunities to Affiliate with Other Partners or Organizations they Represent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Willingness to Welcome New Members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your Organization's/Agency's Involvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friendliness, Pleasantry and Helpfulness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cooperation from Others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Respect for Everyone's Opinions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**2. Comments:**

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**3. 2. Your satisfact with the Leadership and Communication... \***

Please select one response per line.  
 Mark only one oval per row.

	Very Dissatisfied	Somewhat Dissatisfied	Undecided	Somewhat Satisfied	Very Satisfied
Clarity of Vision for Where the Network Should be Going	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strength and Competence of Leadership	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opportunities for Members to Take Leadership Roles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Information Provided by Network About Rural Women's Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to Communicate the Importance of Rural Women's Health Issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opportunities to Provide Input and Concerns about Rural Women's Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**4. Comments**

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**5. 3. Your satisfaction with the Planning and Process... \***

Please select one response per line.  
 Mark only one oval per row.

	Very Dissatisfied	Somewhat Dissatisfied	Undecided	Somewhat Satisfied	Very Satisfied
Planning Process Used to Prepare Strategic Plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Follow-through on Recommendations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Number of Meetings Held	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Location of Meetings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Content of Meetings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
What the Meetings Accomplished	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**6. Comments**

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**7. 4. Your satisfaction with the Committees... (please specify which committee(s) you're on below) \***

Please select one response per line.  
 Mark only one oval per row.

	Very Dissatisfied	Somewhat Dissatisfied	Undecided	Somewhat Satisfied	Very Satisfied
Number of Meetings Held	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Content of Meetings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
What the Meetings Accomplished	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**8. Please specify which committee(s) you are on:**

Check all that apply.

- Health Symposium
- Policy and Advocacy
- Online Curriculum

**9. Comments:**

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**10. 5. How often should the Network meet?**

Please choose one.  
 Mark only one oval.

- Every three months (quarterly)
- Annually (once a year)
- Semi-annually (twice a year)
- Other: \_\_\_\_\_

**11. 6. Do you intend to attend face-to-face meetings in the coming year?**

Please choose one.

*Mark only one oval.*

- All of the time
- Most of the time
- Some of the time
- None of the time

**12. 7. Do you intend to attend committee meetings in the coming year?**

Please choose one.

*Mark only one oval.*

- All of the time
- Most of the time
- Some of the time
- None of the time

**13. 8. If you do not intend to attend meetings in the coming year, what are the barriers to your participation? How can the Network help facilitate your involvement?**

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**14. 9. How can the Network improve its effectiveness?**

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**15. 10. Indicate your professional affiliation:**

*Mark only one oval.*

- Academic/Medical institution
- Area Health Education Center
- Arizona Department of Health Services
- Business/For Profit/Consultant
- Coalition/Alliance
- Community-based organization/Not for profit
- Community member/Volunteer
- County Health Department (please specify in the comment box)
- Criminal justice/Legal
- Elected/Appointed official
- Federally Qualified Health Center
- State, county, or local government agency (not health specific)
- Tribal agency/organization
- Other: \_\_\_\_\_

**16. If from a county health department, please indicate which county here:**

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**17. 11. Please add any additional comments or concerns you have below.**

If you were not able to complete the survey (for example, if you have not attended Network meetings), please explain in this space.

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