

Wellness Coalition Survey May 2013

1.

We want to hear from you on how to make our Coalition better. We appreciate your comments. This is an anonymous survey. However, if you would like to provide your contact information at the end there is a space to do so.

1. If you have been a member of a subcommittee, please check which group(s):

- Community
- Workplace Wellness
- School
- HealthCare
- Media/Communications
- Not a member of subcommittee but would like to be. Please specify.

2. If you have held a leadership position, please check the correct role:

- Coalition Co-Chair
- Subcommittee Co-Chair
- Other (please specify)

3. How long have you been a member of this Coalition?

- Less than 1 year
- 1 to 2 years
- 3 to 4 years

Wellness Coalition Survey May 2013

2.

4. Please check the circle that best shows how satisfied you are with each aspect of the Coalition that are described below. Provide additional comments if you wish.

	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied
Clarity of the vision for where Coalition should be going	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Planning process used to prepare Coalition's objectives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Follow through on Coalition's activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Efforts to promote collaborative action	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coalition's support of your organization's related efforts.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Training and technical assistance provided to your organization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Effectiveness of Meetings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

3.

5. Please answer the following items concerning how satisfied you are with the LEADERSHIP.

	Very Dissatisfied	Dissatisfied	Unsure	Satisfied	Very Satisfied
Strength and competence of Coalition leadership	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Commitment of Coalition to build and sustain a diverse membership	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opportunities for Coalition members to take leadership roles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Balance of power between leaders and members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify)	<input type="text"/>				

4.

6. Please answer the following items concerning how satisfied you are with INVOLVEMENT IN COALITION

	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied
Participation of influential people from key sectors and organizations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Collaboration with local communities/coalitions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Help given to local organizations/communities to become better able to address and resolve their concerns	<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"/>
Time of meetings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Frequency and duration of meetings (meets quarterly; subcommittees often meet monthly)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

5.

7. Please answer the following items concerning how satisfied with the **COMMUNICATION**

	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied
Use of the media to promote awareness of Coalition's goals, actions, and accomplishments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communication between Coalition members and leadership team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communication among members of Coalition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communication between Coalition and the broader community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Extent to which Coalition members are listened to and heard	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Working relationships established with elected officials	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Information provided on issues and available resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

Wellness Coalition Survey May 2013

6.

8. Please check the circle that best represents your opinion about your work with COALITION:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
My abilities are used effectively	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am usually clear about my role in Coalition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My time is well spent on Coalition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am satisfied with what Coalition has accomplished	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel that I have a voice in what Coalition decides	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I really care about the future of Coalition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Members stay on task	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interest is generally high	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coalition meetings run smoothly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Members seem well informed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Routine matters are handled quickly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

7.

9. Please answer the following items concerning your satisfaction with COALITION's PROGRESS AND OUTCOMES

	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied
Coalition's efforts to sustain itself over time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Progress in meeting Coalition's objectives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Success in generating resources for Coalition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fairness with which funds and opportunities are distributed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Capacity of members to give support to each other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Capacity of Coalition and its members to advocate effectively	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coalition's contribution to improving health/human services in region or state	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

Wellness Coalition Survey May 2013

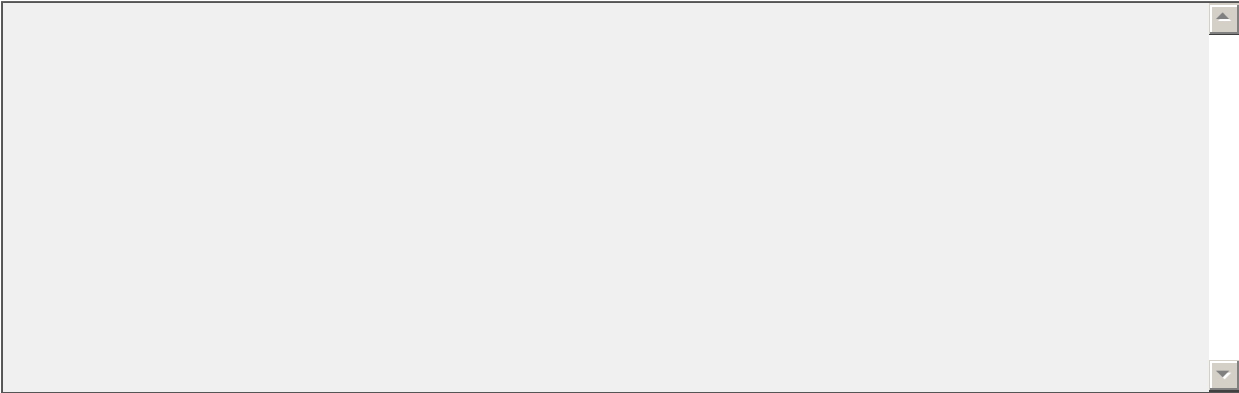
10. How certain are you that ...

	Not at all certain	Not certain	Unsure	Certain	Very Certain
The Coalition has improved consumption of fruits and vegetables in McLean County	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The Coalition has improved physical activity rates in McLean County	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The Coalition has decreased obesity rates in McLean County	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The Coalition will improve the consumption of fruits and vegetables in McLean County	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The Coalition will improve physical activity rates in McLean County	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The Coalition will decrease obesity rates in McLean County	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
McLean County is better off today because of the Coalition.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

8.

11. OVERALL COMMENTS AND SUGGESTIONS FOR IMPROVEMENT:



9. Optional Question

If you are interested in taking on a leadership position or more of an active role in the coalition, please let us know by providing your contact information and ideas below.

12. Please provide your contact information.

Name:	<input type="text"/>
Organization:	<input type="text"/>
E-mail:	<input type="text"/>
Phone:	<input type="text"/>
How would you like to be more involved?	<input type="text"/>