

Sample Chapter Educational Program Survey

1. How satisfied are you with the following aspects of education programs sponsored by the chapter? (Please circle one response for each item)

	Very Satisfied	Satisfied	Dissatisfied	Unsure
a. The education program overall	V	S	D	U
b. The topics addressed	V	S	D	U
c. The speakers	V	S	D	U
d. The locations of the programs	V	S	D	U

2. Do the following prevent you from attending chapter education programs?

	Yes	No	Sometimes
a. Personal responsibilities	Y	N	S
b. Commitments to other associations	Y	N	S
c. Programs useful in your current position	Y	N	S
d. Programs useful for career advancement	Y	N	S
e. Cost to attend chapter programs	Y	N	S
f. Timing of chapter education programs	Y	N	S
g. Location of a chapter education program	Y	N	S

3. Which day of the week is most convenient for you to attend a chapter education program?

- a. ____ Monday b. ____ Tuesday c. ____ Wednesday d. ____ Thursday
 e. ____ Friday f. ____ Saturday

4. Listed below are several options for the format and content of chapter education programs. For each set of options, please indicate the one choice you prefer to better meet your needs.

- a. ____ More theoretical programs
 ____ More practical programs
 ____ Current mixture of theoretical and practical programs
- b. ____ More lectures
 ____ More panel discussions
 ____ More roundtable discussions
 ____ More small group case studies
 ____ More sessions to choose from within a given period of time
 ____ Current mixture of programs
- c. ____ More programs on a basic level
 ____ More programs at an intermediate level
 ____ More programs at an advanced level
 ____ Current mixture of program levels

5. How many chapter programs have you attended in the past 12 months?

____ chapter programs

6. How interested would you be in the following topic areas? (Rank 5 or less in order of importance with 1 being the most important and 5 being the least important.)

- a. ____ Marketing services
 - b. ____ Networking
 - c. ____ Data management
 - d. ____ Credentialing issues
 - e. ____ Jury selection
 - f. ____ Case studies
 - g. ____ Forensics
 - h. ____ Home health law issues
 - i. ____ Standard reporting formats
 - j. ____ Risk management
 - k. ____ Others (please specify)
-
-
-

7. How many years have you been a chapter member?

- a. ____ not a member b. ____ less than 2 years c. ____ 2-3 years
- d. ____ 3-5 years

8. Are you currently:

- | | Yes | No |
|---|------------|-----------|
| a. A board member or committee member of either the chapter or the national association, AALNC? | Y | N |
| b. An officer or committee member of another association? | Y | N |

9. Which of the following best describes your LNC practice setting?

- a. ____ Independent Practice
- b. ____ Law Firm
- c. ____ Hospital
- d. ____ Insurance Company
- e. ____ Health Management Organization
- f. ____ Government Agency

10. Which ONE of the following best describes your primary medical/legal practice area?

- a. ____ Administrative Health Care Law
- b. ____ Criminal
- c. ____ Elder Law
- d. ____ Expert Witness
- e. ____ Medical Malpractice
- f. ____ Personal Injury
- g. ____ Product Liability
- h. ____ Rehabilitation
- i. ____ Risk Management
- j. ____ Toxic Torts
- k. ____ Worker's Compensation

11. If you have any additional suggestions concerning topics in the survey, please include them below or on a separate sheet.

Thank you again for your time!

Survey Deadline: MONTH/DAY/YEAR

Please return this survey in the enclosed self-addressed stamped envelope to:

Mary Smith
5555 Main Street
Anywhere, USA
OR fax to 111/111-1111