



Advocate At Home Program: Evaluation Form

Your feedback and recommendations are important to us. Please use this as an opportunity to evaluate your meeting.

Name: _____ **State:** _____

Representative/Senator/Staff: _____

Meeting Evaluation

A. Please provide comments about your meeting experience.

B. Did the member of Congress (or staff) agree to take action on any ACS-specific policy priorities? If yes, please specify:

C. Did the member of Congress express interest in touring your practice or facility? If yes, please specify:

(Over)



American College of Surgeons Professional Association

D. Please rate your overall meeting experience.

1	2	3	4	5	N/A
Unsatisfactory		Average		Excellent	Other

E. Did you find the member of Congress/staff engaged throughout the meeting?

1	2	3	4	5	N/A
Unsatisfactory		Average		Excellent	Other

F. Please rate your experience with scheduling/staff.

1	2	3	4	5	N/A
Unsatisfactory		Average		Excellent	Other

G. Please rate the office's interest in a follow-up meeting.

1	2	3	4	5	N/A
Unsatisfactory		Average		Excellent	Other

H. Were the resources provided to you by DAHP staff helpful, timely, etc.

1	2	3	4	5	N/A
Unsatisfactory		Average		Excellent	Other

Please return your completed form via email to ahp@facs.org.

Thank you for your participation in the ACS Advocate At Home program!

(Over)