

# **Massachusetts Organization for Addiction Recovery**

19th Annual **MOAR** Public Policy Forum Monday, March 22, 2022

## Please respond to the following questions. The information will be used to evaluate this forum and plan others. Thank you!

To complete this form online please visit: <u>https://forms.office.com/r/PzSBvJjcXg</u>

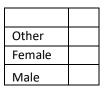
| Ratings of Forum: Please rate the <b>MOAR</b> Public Policy Forum according to the following number rated scale. |      |      |      |              |           |
|--|------|------|------|--------------|-----------|
| Poor =1 Weak =2 Good =3 Very good =4 Excellent =5  | Poor | Weak | Good | Very<br>Good | Excellent |
| 1. Organization of the Forum   |      |      |      |              |           |
| 2. Quality of presentation:  |      |      |      |              |           |
| 3. Quality of program  |      |      |      |              |           |
| 4. Quality of handouts and materials   |      |      |      |              |           |
| 5. Information presented met objectives  |      |      |      |              |           |
| 6. Your overall rating of the forum  |      |      |      |              |           |
| 8. Using Zoom  |      |      |      |              |           |
|  |      |      |      |              |           |
|  |      |      |      |              |           |

| How well were objectives met  |      |      |      |              |           |
|---|------|------|------|--------------|-----------|
| Poor =1 Weak =2 Good =3 Very good =4 Excellent =5   | Poor | Weak | Good | Very<br>Good | Excellent |
| 12. The likelihood you will use what you learned at this forum to make positive public policy awareness and change. |      |      |      |              |           |

#### 13. What was the most helpful take away?

14. Please describe any changes you feel would enhance this forum.

# Please fill out this information about yourself:



14 What is your Gender?

#### Please check the box that describes your organization best.

| Addiction Treatment                    |  |
|--|--|
| Addiction Prevention                   |  |
| DPH                                    |  |
| Recovery Community Organization        |  |
| Family Recovery Community Organization |  |
| Family Recovery Community Organization |  |

### 15 What is your Race/Ethnicity?

| White Non Hispanic |  |
|--------------------|--|
| Black Non Hispanic |  |
| Hispanic           |  |
| Native American    |  |
| Other              |  |

#### 16 Please check which best describes you.

| Addiction Counselor                    |  |
|--|--|
| Youth Leader                           |  |
| Person in Recovery                     |  |
| Family Member or Friend to Recovery    |  |
| Recovery Community Organization Member |  |
| Program Director                       |  |
| Health Educator                        |  |
| Prevention Specialist                  |  |
| Outreach Worker                        |  |
| Other                                  |  |

#### 17 Are you a member of MOAR?

| yes |  |
|-----|--|
| no  |  |

Updated 3-22-22 **Thank you for completing this survey.** 

# Please fill out the backside



| Not sure                     |  |
|------------------------------|--|
| Not a member, will you join? |  |