

**FIFTH CAPS CONFERENCE: FOCUS ON PREVENTION  
OVERALL CONFERENCE EVALUATION FORM**

- |                                                                                                                   | absolutely<br>5 | 4 | somewhat<br>3 | 2 | not really<br>1 |
|-------------------------------------------------------------------------------------------------------------------|-----------------|---|---------------|---|-----------------|
| 1. As a result of this conference, do you know more about the research being conducted at CAPS?                   |                 |   |               |   |                 |
| 2. Do you plan to use CAPS' materials or services as a resource for your programs?                                |                 |   |               |   |                 |
| 3. Was the Intervention Village useful?                                                                           |                 |   |               |   |                 |
| 4. Were the conference facilities and hotel location agreeable?                                                   |                 |   |               |   |                 |
| 5. What was the best session you attended? ( <i>workshops, plenary, discussion tables, Intervention Village</i> ) |                 |   |               |   |                 |

6. What did you like best about the conference?

7. How did you first hear about the conference?

- |                                                                              |                                                       |
|------------------------------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> I got the brochure in the mail                      | <input type="checkbox"/> I saw it on the CAPS website |
| <input type="checkbox"/> I got an e-mail                                     | <input type="checkbox"/> I saw it on a listserv       |
| <input type="checkbox"/> from CAPS <input type="checkbox"/> from a colleague | <input type="checkbox"/> Other _____                  |

8. How many CAPS Conferences have you been to?      1\_\_\_ 2\_\_\_ 3\_\_\_ 4\_\_\_ 5\_\_\_

9. If the conference is held every 2 years, how can we best update you about our current research between conferences?

10. Which of the following best describes you?

- |                                                              |                                                   |                                      |
|--------------------------------------------------------------|---------------------------------------------------|--------------------------------------|
| <input type="checkbox"/> CBO staff                           | <input type="checkbox"/> Federal government staff | <input type="checkbox"/> Activist    |
| <input type="checkbox"/> Researcher/academic staff           | <input type="checkbox"/> Funder                   | <input type="checkbox"/> Student     |
| <input type="checkbox"/> Local/state Health Department staff | <input type="checkbox"/> Healthcare worker        | <input type="checkbox"/> Other _____ |

11. Which best describes your race/ethnic background?

- |                                           |                                          |                                                            |
|-------------------------------------------|------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Hispanic/Latino  | <input type="checkbox"/> Asian           | <input type="checkbox"/> Native Hawaiian/ Pacific Islander |
| <input type="checkbox"/> White/Caucasian  | <input type="checkbox"/> American Indian | <input type="checkbox"/> Mixed Heritage                    |
| <input type="checkbox"/> African American | <input type="checkbox"/> Alaskan Native  | <input type="checkbox"/> Other _____                       |

12. Gender:    Female\_\_\_    Male\_\_\_    Transgender\_\_\_    Other\_\_\_

Other comments: