



# Advisory Board / Council Questionnaire

Please return to: COA, 120 Wall Street, 11th Fl., New York, NY 10005

Agency ID#

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Date:

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Agency Name:

City:

State:

*Instructions:* Please answer each question by marking the circle  under or next to your response. Your individual answers will be treated confidentially and presented in the aggregate to agency leadership. Use only black or blue pen.

	STRONGLY AGREE	AGREE	NEITHER AGREE NOR DISAGREE	DISAGREE	STRONGLY DISAGREE	NOT APPLICABLE
1. The agency's advisory board (AB) is sufficiently active in carrying out its assigned responsibilities on behalf of the agency.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. The role of the agency's AB is well defined.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. As a member of the AB, we receive information (management and/or quality improvement reports) that supports our designated role/ purpose on behalf of the agency.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. The work of the agency's AB extends the capability of the organization.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Upon joining the agency's AB, I received an orientation that addressed AB membership responsibilities/roles.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. AB members have unique knowledge and skills which complement the knowledge and skills of the agency.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. The AB's recommendations to the agency contribute to agency effectiveness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. As a member of the AB, I feel my participation contributes to quality of care and/or the agency's capacity improvements.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. The agency's reputation with the community is favorable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. The agency collaborates with the community regarding issues of mutual concern.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. The agency's AB is representative of the community it serves and/or the needs of persons served.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Does the agency's AB have a relationship or reporting responsibility with a legislative body or federal government component? <input type="radio"/> Yes <input type="radio"/> No						
13. If yes, please provide a brief description of the relationship: _____						
14. To your knowledge, within the last four years, have any of the following occurred? ( <i>check all boxes that apply</i> ) <input type="checkbox"/> allegations or findings of professional misconduct, <input type="checkbox"/> financial malfeasance, <input type="checkbox"/> failure to comply with laws and regulations governing equal opportunity and workforce administration, or <input type="checkbox"/> investigations by regulatory or other monitoring bodies which have identified significant problems at the agency?						

15. The space below is provided for comments/information that you wish to call to the attention of COA peer reviewers.

**Thank you for taking time to complete the survey.**

I would like to speak with a member of the Council on Accreditation (COA) peer review team at the time of the site visit. However, I understand that they may not contact me if evidence presented during the site visit does not require additional input.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Best time to call: \_\_\_\_\_