

# Meeting Questionnaire

1) The meeting is scheduled for [Date/Time] will you be in attendance?

1  Yes

2  No

2) The agenda topics are listed below in order of presentation, please rate your issues/questions

	Significant discussion required	Some discussion required	Little or no discussion required
*[Enter Discussion Item 1]	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
*[Enter Discussion Item 2]	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
*[Enter Discussion Item 3]	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
*[Enter Discussion Item 4]	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

3) Do you have any specific issues/questions with times or ordering of the agenda?

---

---

---

---

4) Do you have any additional items that you would like to add to the agenda?

---

---

---

---

5) This meeting is scheduled for (*ENTER TIME*) minutes, what is the maximum amount of time you can spend at this meeting.

1  15 Minutes

2  30 Minutes

3  1 hour

4  2 hours

5  Other \_\_\_\_\_

6) Please enter your name:

---

Thank you.