

Instructions for Alliances: The following questions are required to be included in your coalition member survey. Please replace the **bolded red text** as appropriate. Your member survey must include all of the following questions but is not limited to these questions. You can add additional questions either before or after the required questions. For questions on rewording/adjusting questions, please email Emile Gunovich at Emile.Shartle@dhs.wisconsin.gov.

Please check one box below to indicate how strongly you agree with the following statements regarding your Alliance/MJC/coalition.

Question	1 (strongly disagree)	2 (disagree)	3 (agree)	4 (strongly agree)	Not applicable
Our Alliance is focused on reducing tobacco-related disparities in [your covered area(s)]					
[Your covered area(s)] are better off today because of the work of our Alliance.					
I am actively engaged with our Alliance.(ex: attend meetings, plan Alliance events, meet with state and local leaders)					
My abilities and areas of expertise are used effectively within our Alliance.					
I gain valuable and transferable skills and abilities as a member of our Alliance.					
I care about the future of our Alliance.					
I care about the future of the Tobacco Prevention and Control Movement in Wisconsin.					

Our Alliance members accurately reflect the diverse populations in [your covered area(s)] .					
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The Alliance currently focuses on and actively seeks to partner and collaborate with the following populations impacted by commercial tobacco-related disparities. Check all that apply.

- ☐ African Americans
- ☐ American Indians
- ☐ Asian Americans
- ☐ Behavioral health community
- ☐ LGBTQIA+
- ☐ Low-SES/People living in poverty
- ☐ Childbearing/pregnant people
- ☐ Additional population(s): _____

In your opinion, how well has the Alliance partnered with and served these populations?

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Very well | Somewhat well | Unsure/Neutral | Somewhat poorly | Very poorly |

Provide any additional comments/feedback below:

[Thank you]