**DPG/MIG/Affiliate Member Survey Questions**

Tips before you get started

* Limit the amount of open ended questions. Quantifiable results are easiest to analyze.
* Limit your survey to questions that provide results that will be used to take action or drive goals and objectives. (versus just being interesting)
* Keep the survey as brief as possible.
* Provide incentive if possible.
* Include an end date to your survey (recommended for 2-3 weeks). You can extend the deadline if needed.
* Member satisfaction surveys should be conducted at least every three years. Project or event specific surveys may need conducted in addition to a satisfaction survey.

**Potential Questions for Member Satisfaction**

1. What is your gender?

*Male*

*Female*

1. What is your age?

*Under 25*

*25 - 29*

*30 - 34*

*35 - 39*

*40 - 44*

*45 - 49*

*50 - 54*

*55 - 59*

*60 - 64*

*65 or older*

1. Are you Hispanic or Latino (i.e., a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin)?

*Yes*

*No*

*Prefer not to identify*

1. If no to question above, please identify your race(s) by checking one or more of the boxes below.

*White (not Hispanic or Latino) — a person having origins in any of the original peoples of Europe, the Middle East or North Africa)*

*Black or African American (not Hispanic or Latino) — a person having origins in any of the black racial groups of Africa*

*Native Hawaiian or other Pacific (not Hispanic or Latino) — a person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands*

*Asian (not Hispanic or Latino) — a person having origins in any of the peoples of the Far East, Southeast Asia or the Indian Subcontinent*

*American Indian or Alaskan (not Hispanic or Latino) — a person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment*

*Two or more races (not Hispanic or Latino) — persons who identify with more than one of the races*

*Prefer not to identify*

1. Highest level of education attained?

*Doctoral degree, dietetics-related*

*Doctoral degree, other area*

*Masters degree dietetics-related*

*Masters degree other area*

*Bachelors degree*

*Associates degree*

*Other*

1. How many years have you been working in dietetics/ nutrition?

*<insert date range options>*

1. Dietetics/nutrition credentials currently held? Select all that apply.

*RD (Registered Dietitian)*

*DTR (Dietetic Technician, Registered)*

*State license or certification*

*I am currently a student in dietetics, food, nutrition or related field*

*Completed a 2-year or 4-year degree from an accredited / approved dietetics program*

*Other*

*None of these*

1. Which one option most closely matches the primary setting of your position? Select all that apply.

*Acute-care facility - inpatient*

*Acute-care facility - outpatient*

*Ambulatory / outpatient care facility (e.g. clinic, physician’s office, etc.)*

*Long-term, extended care, or assisted living facility (e.g., nursing home)*

*Rehabilitation facility*

*Wellness center or health club*

*Sports dietetics / sports medicine facility*

*Private practice*

*Government agency or department*

*Community or public health program*

*Non-profit or not-for-profit agency / organization*

*College, university, or teaching-hospital faculty*

*Food or equipment manufacturer, distributor, or retailer*

*Pharmaceutical or nutrition products manufacturer, distributor, or retailer*

*School food service (K-12)*

*School food service (college / university)*

*Contract food management company*

*Trade or professional association*

*Home health care provider*

*Combination of more than one of the above (please describe)*

*Other*

1. Which one option most closely matches the practice area where you spend most of your time in you position? Select all that apply.

*Clinical nutrition — inpatient*

*Clinical nutrition — outpatient / ambulatory care*

*Clinical nutrition — long term care*

*Community nutrition*

*Good and nutrition management*

*Consultation and business practice*

*Education*

*Research*

*Combination of more than one of the above (please describe)*

*Other*

1. How long have you been a member?

*First Year*

*1 – 5 years*

*5 – 10 years*

*>10 years*

*The following three questions could be built into a matrix grid rating scale question.*

1. Rate the awareness of the services offered by <DPG/MIG/AFFILIATE>

Used in last 3 years Aware of, haven’t used Not Aware of

<list the group’s member benefits>

1. Rate the importance of the services offered by <DPG/MIG/AFFILIATE>

Extremely Important Not at all important

<list the group’s member benefits>

1. Rate your satisfaction of the services offered by <DPG/MIG/AFFILIATE>

Very Satisfied Very Dissatisfied

<list the group’s member benefits>

1. What were your primary reasons for initially joining <DPG/MIG/AFFILIATE>?

*Because <DPG/MIG/AFFILIATE> advocates for the dietetics profession with health care providers and government*

*To connect with colleagues*

*For professional and career development*

*To access <DPG/MIG/AFFILIATE> patient or client education / information materials*

*To obtain member discounts for <DPG/MIG/AFFILIATE> programs, publications and activities*

*To receive the <DPG/MIG/AFFILIATE> newsletter*

*To support the work of <DPG/MIG/AFFILIATE>*

*To help in marketing my practice*

*For assistance in locating a job*

*To develop or enhance leadership skills*

*Encouraged by another (employer, professor, colleague)*

*Required by employer or school*

*To use <DPG/MIG/AFFILIATE> materials for class assignments*

*To be able to apply for <DPG/MIG/AFFILIATE> scholarship*

*Other:*

*Have not renewed my <DPG/MIG/AFFILIATE> membership*

1. What were your primary reasons for renewing your <DPG/MIG/AFFILIATE>?

*Because <DPG/MIG/AFFILIATE> advocates for the dietetics profession with health care providers and government*

*To connect with colleagues*

*For professional and career development*

*To access <DPG/MIG/AFFILIATE> patient or client education / information materials*

*To obtain member discounts for <DPG/MIG/AFFILIATE> programs, publications and activities*

*To receive the <DPG/MIG/AFFILIATE> newsletter*

*To support the work of <DPG/MIG/AFFILIATE>*

*To help in marketing my practice*

*For assistance in locating a job*

*To develop or enhance leadership skills*

*Encouraged by another (employer, professor, colleague)*

*Required by employer or school*

*To use <DPG/MIG/AFFILIATE> materials for class assignments*

*To be able to apply for <DPG/MIG/AFFILIATE> scholarship*

*Other:*

*Have not renewed my <DPG/MIG/AFFILIATE> membership*

1. How often do you visit the <DPG/MIG/AFFILIATE> website?

*Daily*

*Weekly*

*Monthly*

*Annually*

1. Why do you visit the <DPG/MIG/AFFILIATE> website?

*<list reasons>*

1. How often do you prefer to receive email communications from <DPG/MIG/Affiliate?

*Daily*

*Weekly*

*Monthly*

*No preference, prefer emails on an as needed basis*

1. What makes your <DPG/MIG/AFFILIATE> membership valuable to you?
2. Do you attend <DPG/MIG/Affiliate> events?

*<list multiple choice options>*

1. What webinar topics would you recommend for future <DPG/MIG/AFFILIATE> webinars?

*<list multiple choice options>*

1. What new benefits would you like to see <DPG/MIG/AFFILIATE> offer?
2. What are the primary ways <DPG/MIG/AFFILIATE> membership has assisted you in advancing your career (if any)?

*Provided me with professional development*

*Provided me with essential professional resources and information*

*Provided me with opportunities to connect with peers*

*Advocated for my profession*

*Provided me the opportunity to become a leader within the profession*

*Other:*

*None*

1. What additional benefits or services could <DPG/MIG/AFFILIATE> offer to make your more successful in our career?
2. What type of professional development opportunities are you interested in?

*<list multiple choice options>*

1. How does the price of membership compare with the value you receive from <DPG/MIG/Affiliate>?

*<list multiple choice options>*

1. If you are a member of other DPG/MIG or professional groups, what are some of the most important benefits/offerings that group provides you?
2. Listed below are some programs, products and services that could be offered in the future as benefits of <DPG/MIG/Affiliate> membership. How desirable would you find each?

<insert potential programs with a rating scale>

1. To what extent would you like to increase opportunities to get to know other <DPG/MIG/Affiliate> members?

*Not at all*

*A little bit*

*Somewhat*

*Very Much*

*Extremely*

1. What would be your one preferred method for getting to know the other <DPG/MIG/Affiliate> members?

*In-person networking events*

*Virtual networking events*

*<DPG/MIG/Affiliate> website*

*Member directory*

*Newsletter*

*Social events*

1. At this time, how likely are you to renew your <DPG/MIG/Affiliate> membership?

*<insert a rating scale>*

1. How likely would you be to recommend <DPG/MIG/Affiliate> membership to a colleague?

*<insert a rating scale>*

1. How likely would you be to recommend <DPG/MIG/Affiliate> membership to a dietetics student?

*<insert a rating scale>*

1. What is your level of agreement / disagreement with each of these statements about <DPG/MIG/Affiliate>?

*Responsive to the needs and interests of its members*

*I understand how to contact* <DPG/MIG/Affiliate> *regarding issues or concerns*

*I feel comfortable navigating the* <DPG/MIG/Affiliate> *web site*

<DPG/MIG/Affiliate> *is an up-to-date organization*

<DPG/MIG/Affiliate> *is keeping pace with current technologies*

<DPG/MIG/Affiliate> *offers enough programs, products and services related to my practice or interest area*

<DPG/MIG/Affiliate> *membership is a good value for the price*

1. In the last 2 years, in what ways (if any) have you volunteered for the <DPG/MIG/Affiliate>? Select all that apply.

*Served on the Board of Directors or Executive Committee*

*Served on a committee or task force*

*Spoke or presented a paper at the annual meeting, regional meeting, or other educational event*

*Wrote or reviewed a newsletter article*

*Reviewed a professional tool or resource for publication*

*Participated in a listserv, blog, or community of interest*

*Participated in an expert panel or report*

*Other:*

*None*

1. Would you be interested in volunteering with <DPG/MIG/AFFILIATE> in any of the following areas?

*<list multiple choice options>*

<include a question to collect the name and email of the individual>

1. Any final comments?

**Potential Questions for Exit Survey/Non-Renewals**

**Sample Drop (or Exit) Survey**

Dear Colleague:

We received notification from the Academy of Nutrition and Dietetics that you haven’t renewed your membership for the *(insert membership year)* membership year. Was there an error in the processing of your renewal? Have you inadvertently overlooked returning the renewal form?

Since your <DPG/MIG/AFFILIATE> is dependent upon your Academy membership, we hope that your non-renewal was just an oversight.

If you have decided not to continue your membership in *<DPG/MIG/AFFILIATE>* please take a moment to complete this survey. YOUR RESPONSE IS VERY IMPORTANT to us. We will use the information to understand your needs, and review the programs and services we provide to our members.

Please reply by *(insert how they should reply—e.g. by faxing the survey to (fax number), using an enclosed postage-paid envelope or, emailing the survey)* as soon as possible. We look forward to hearing from you regarding this very important matter.

The Executive Committee of the *<DPG/MIG/AFFILIATE>* thanks you in advance for your response.

Sincerely,

*Your Name*, *Title of (XYZ affiliate/district/DPG/MIG)*

*If you have submitted your dues in the past 20 days, please disregard this notice.*

1. How long were you a member of <DPG/MIG/Affiliate>?
2. What offerings were not of benefit to you? Select all that apply.

*<list multiple choice options>*

1. What benefits were of most value to you? Select all that apply.

*<list multiple choice options>*

1. What were your reasons for ending your membership with <DPG/MIG/Affiliate>? Select all that apply.

*<list multiple choice options or leave open ended>*

*Working in a different dietetics practice area*

*No longer in the dietetics field*

*Not working and at home with family*

*Retired*

*My employer no longer pays for my dues*

*Value of membership not sufficient for the price*

*Currently unemployed*

*Not enough time to use membership*

*Joined another organization(s) instead (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Not enough emphasis on the following specialty area: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Potential Incentive Ideas**

1. Provide your name to be submitted into a drawing for a *<ie free membership, free registration, gift card etc>*

|  |  |
| --- | --- |
| **Affiliate Member Survey Tips/Resources** | chicago |

• Consider providing an incentive for members to complete the survey i.e. drawing for complementary affiliate annual meeting registration, ADA or affiliate publication etc.

• Consider using online surveys (i.e. Surveymonkey, Zoomerang etc.)

• A 10-20% response rate is ideal for utilizing data

• Limit the time it would take to complete the survey to no more than 15 minutes.

• Allow no more than 2 weeks for members to complete the survey

• If online, send 1-2 reminders for member to respond to

• Test the survey before finalizing it to ensure you will be receiving the desired feedback

• Be cognizant of the amount of surveys you ask members to conduct.

• Announce results of surveys when new projects or initiatives are based on your survey data. Members are always happy to hear their input was considered

**ADA Resources for Affiliates:**

**Demographic Data**

ADA collects demographic information via the hard copy application and the online business center (OBC). A yearly profile is included with member renewals. Approximately 50% of ADA members complete the profile information, although not everyone updates the profile from year to year. Demographic information includes age, gender, ethnicity, professional degrees in other fields, employment information, number of years in dietetics practice, current employment setting, type of employer, primary practice area, ADA organizational units for which members would like to volunteer. This information is available upon request. If this information would be helpful as you engage in strategic planning, please contact \_\_\_\_\_. Please allow \_\_\_\_ weeks/days.

**2008 Dietetics Professionals Needs Assessment Results**

With the cooperation of the Commission on Dietetic Registration (CDR) and the American Dietetic Association Foundation (ADAF), the ADA in 2004 undertook a comprehensive assessment of the needs of the US dietetics professionals and the ways ADA can best serve members, non-members, students, and practitioners. An executive summary of the overall ADA results will be published in the *Journal of the American Dietetic Association.*

Twenty affiliates had at least 100 survey responses, the amount needed for statistical validity, for the 2008 Dietetics Professionals Need Assessment Survey. A separate report was prepared and sent to these affiliates in late 2005. If you would like to inquire whether your state received this report, please contact Katie Paffhouse at [kpaffhouse@eatright.org](mailto:kpaffhouse@eatright.org) or 312.899.4870.

**Sample Affiliate Member Survey**

As a member of the {*insert affiliate*}, your input is vital in determining the future direction of your state association. Please take {*insert approx time based on your survey*} to complete the survey as your responses will help the Board to set the direction of {*insert affiliate*}.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Member ID number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Listed below are the major programs, products, and services currently provided by {*insert affiliate*}. For each indicate your awareness, importance and satisfaction.**  ***{insert your affiliate programs, products and services below. Some examples are listed below}***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Awareness** | | | **Importance** | | | | | **Satisfaction** | | | | |
| **Programs, products, and services** | Used in last 3 years | Aware of, have not used | Not aware of | **4-** Extremely important | **3** | **2** | **1** | **0-**Not important at all | +2 Very Satisfied | +1 | 0 | -1 | -2 Very Dissatisfied |
| Affiliate annual meeting |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Opportunity for membership in local/district meetings |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Continuing professional education opportunities |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Networking opportunities |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Annual awards |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Job postings |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Legislation/public policy advocacy |  |  |  |  |  |  |  |  |  |  |  |  |  |
| MNT negotiation/reimbursement  support of licensure if applicable |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Leadership opportunities |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Newsletter |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Email updates/listserv |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Web site |  |  |  |  |  |  |  |  |  |  |  |  |  |

**If you have attended one or more affiliate annual meeting(s) in the last 5 years, what were your 2 primary reasons for attending?**

* to earn Continuing Professional Education Credits
* for professional development
* to present my research/hear my colleagues research
* for networking
* visit exhibits
* other
* have not attended

**If you have not attended an affiliate annual meeting in the last 5 years, what were your primary reasons for not attending? (*check all that apply, check the # one reason, or the top two*)**

* cost of housing and travel
* cost of meeting registration
* employer does not reimburse
* can’t get time off of work
* I get my CPE through other sources
* Location
* Program does not meet my needs
* Time constraints
* Other (please specify)
* Have attended

**In your opinion, for what purpose(s) should *{insert affiliate}* exist for the dietetic professional? (*Check all that apply, check the #1 reason, or the top three*)**

* Networking
* Continuing Professional Education opportunities
* Advocacy
* Leadership development/opportunities
* Resource for nutrition information
* Marketing the RD as the nutrition expert
* Protect licensure
* Other (Please specify.)

**Indicate your current level of involvement with *{insert affiliate}* (Check all that apply.)**

* Member only
* Board member
* Past board member
* Committee/task force chair or member
* Past committee/task force chair or member
* Annual meeting attendee
* Legislative workshop attendee
* Legislative advocate
* Liaison to organization, agency or other entity
* Newsletter contributor
* Award recipient
* None of the above
* Other (Please specify.)

**If you are willing to be contacted to become more involved with *{insert affiliate/and or a district}*, please check the positions or areas of interest. (Check all that apply.)**

* Elected affiliate board position (president, treasurer, secretary)
* Appointed affiliate board position (i.e. public policy, annual meeting, awards, membership) Elected district board positions
* Committee member (i.e. membership, marketing, food security)
* Other (please specify)
* Not interested in becoming more involved

**If you are interested in being more involved with {insert affiliate}, please provide your preferred contact information.**

**TEXT BOX for response**

**What do you feel are the three biggest professional challenges facing dietetic professionals in *{insert state}*** **in the next 3-5 years?**

**What programs, products or services could an organization like *{insert affiliate}* offer that would help dietetics professionals to meet those challenges? Please give 1-2 possible answers.**

**Any other comments?**

Thank You for your time and comments!