

**HCAO Questionnaire Tracking Report Form**  
***Complete this form and attach to Questionnaires  
when you send them to HCAO***

**DATA TO TRACK:**

Group Name: \_\_\_\_\_

Questionnaire Point Person: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

Month \_\_\_\_\_ Year \_\_\_\_\_ Number of Questionnaires being submitted: \_\_\_\_\_

\*Has the data entry been completed for local use: YES or NO

\*Has the data already been submitted electronically to the statewide organization: YES or NO

Organization's target goal by December of current year: \_\_\_\_\_

Number of questionnaires organization has collected to date: \_\_\_\_\_

Goal for next month? \_\_\_\_\_

**ASSESSING THE HANDLING OF THE QUESTIONNAIRE PROCESS:**

What went well in collecting and administering the questionnaire?

Was there anything you or your group struggled with? If so explain here:

Could anything be improved?

Are you satisfied with the procedures for administering the written instrument?  
YES OR NO If NO explain:

Additional comments or suggestions here: