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

1. Are you as a member/group receiving information from your:

District? Yes No I Don’t Know

Area? Yes No I Don’t Know

If you are receiving information, what kind of information are you receiving?

2. How important is it to you/your group to be connected to your:

District? Not very 1 2 3 4 5 Very

Area? Not very 1 2 3 4 5 Very

3. What challenges or obstacles prevent you/your group from being connected to your:

District? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What do you/your group need or want in order to be connected to your:

District?

Area?

4. Does your group have a Group Representative (GR)? Yes No I Don’t Know

Does your GR attend District Meetings? Yes No I Don’t Know

If not, why not?

Does your GR attend Area Assemblies? Yes No I Don’t Know

If not, why not?

5. Does your District have a District Representative (DR)? Yes No I Don’t Know

Does your DR attend Area Assemblies and/or Area meetings? Yes No I Don’t Know

If not, why not?

6. If distance, time, or money are obstacles to participating in service, how much of each is reasonable in order for your Group Representative to attend a:

District Meeting?

Area Assembly?

7. Would you or your Group Representative be willing to participate in a District/Area meeting using a phone or a computer/tablet (teleconferencing or online conferencing)? Yes No I Don’t Know

If not, why not?

Optional Questions:

8. Have you heard group members speak about service as an aid to recovery?

Yes No I Don’t Know

9. Has any member of your group ever done service beyond the group level?

Yes No I Don’t Know

10. What have you noticed about this member, or about the impact they have on your group?

11. Have you ever considered doing service beyond the group level? Yes No I Don’t Know

12. What would enable you to do that?

13. Any other comments or suggestions?

Thank you for participating! Please return your completed questionnaire to your group rep, district rep, or NYSA Delegate Emily D-C: [nys60delgate@gmail.com](mailto:nys60delgate@gmail.com)

Surveys can also be mailed to me at:

508 ½ Sixth Avenue

Brooklyn, NY 11215