

**NEW YORK STATE DEPARTMENT OF HEALTH  
PROJECT MANAGEMENT OFFICE  
LESSONS LEARNED SURVEY**

<i>Purpose:</i>	<i>Send this survey to all project team members before the Lessons Learned Meeting. Let them know that results can be kept anonymous (encourages people to be frank in their assessments). The feedback received from the survey can help point to the topics that should be addressed in the Lessons Learned Meeting.</i>
<i>Target Audience:</i>	<i>Project Team members, Project Manager, Project Sponsor</i>

<b>PROJECT IDENTIFICATION</b>
<b>Project Name:</b>
<b>Project Sponsor:</b>
<b>Project Director:</b>
<b>Project Manager:</b>
<b>Date:</b>

*Please mark with an X in the appropriate selection that best describes your view for the following questions.*

1. How clearly defined were the objectives for this project.

<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not Very	<input type="checkbox"/> Not At All
-------------------------------	-----------------------------------	-----------------------------------	-------------------------------------

2. How clearly defined were the objectives for your work?

<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not Very	<input type="checkbox"/> Not At All
-------------------------------	-----------------------------------	-----------------------------------	-------------------------------------

3. How efficient and effective were the project team meetings?

<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not Very	<input type="checkbox"/> Not At All
-------------------------------	-----------------------------------	-----------------------------------	-------------------------------------

What would you change?

*(Answer here)*

4. What do you feel worked well on this project?

*(Answer here)*

5. How effective was the project manager at leading this project?

**NEW YORK STATE DEPARTMENT OF HEALTH  
PROJECT MANAGEMENT OFFICE**

<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not Very	<input type="checkbox"/> Not At All
-------------------------------	-----------------------------------	-----------------------------------	-------------------------------------

6. How adequate was cross-functional participation?

<input type="checkbox"/> Very	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not Very	<input type="checkbox"/> Not At All
<p>What are the problems encountered in the project-functional area relationship, why, and how could they be fixed? What cross-functional participation, if any, was lacking?</p> <p><a href="#">(Answer here)</a></p>			

7. What were the main causes for schedule slippage, and how could we avoid these in the future?

<p><a href="#">(Answer here)</a></p>
--------------------------------------

8. Was the project delayed/hampered by outside dependencies (outside to the project, that is)? If so, which ones? How can we resolve this in the future?

<p><a href="#">(Answer here)</a></p>
--------------------------------------

9. Please provide information on any useful workarounds or solutions to problems developed during the project?

<p><a href="#">(Answer here)</a></p>
--------------------------------------

10. What improvements do you recommend for the next project?

<p><a href="#">(Answer here)</a></p>
--------------------------------------

Feel free to add any other comments here:

**NEW YORK STATE DEPARTMENT OF HEALTH  
PROJECT MANAGEMENT OFFICE**

*(Answer here)*