

AUDIENCE EVALUATION

****Please fill out both sides of this form.**

Date: _____ **Name of Facility:** _____

I am a: (check all that apply)

Consumer Family Member Social Worker Health Provider Educator
 Student Law Enforcement Service Administrator Other _____

Prior to this presentation, were you aware of NAMI? YES NO

Have you seen an IOOV presentation before? YES NO

As a result of seeing the IOOV presentation, please place a check in all lines that apply for the statements below. If a statement does not apply, don't mark that line.

- I see recovery as a real possibility
- In the past, I haven't felt encouraged regarding recovery from mental illness
- A mental illness is a physical illness, like diabetes
- In the past, I haven't felt that mental illness is a physical illness
- I would feel comfortable working with someone who has a mental illness
- In the past, I wouldn't have been very comfortable with the idea of working with someone who has a mental illness

Please write your number rating next to each statement below regarding the IOOV presentation and presenters:

1	2	3	4	5
Disagree	Somewhat Disagree	Unsure	Somewhat Agree	Agree

- I found the information the presenters shared to be useful
- I felt comfortable asking questions or going into deeper discussion with the presenters
- The presenters told their stories in a way that was interesting and easy to follow

My favorite section of the presentation was:

Dark Days Acceptance Treatment Coping Successes, Hopes, Dreams

Because: _____

Other Comments:

***In order for us to find out more about the diverse communities we are reaching with the IOOV presentations, we would like to collect some demographic information. If you are comfortable, we would greatly appreciate your responses to the following. These questions are completely optional:**

Ethnicity: _____
Religion: _____

As a result of listening to this presentation, I would like NAMI to contact me about:

- Becoming a NAMI member.
- Becoming an IOOV Presenter (must be a person living with mental illness)
- Receiving NAMI and/or related mental health events and news items via Email.
- Volunteering with my state/ local NAMI.
- Participating in the Annual NAMI Walk for the Mind of America.
- Contributing financially to my state/ local NAMI.

If you would like us to contact you, please provide the following information:

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Email: _____ Phone: _____

Organization you know that might benefit from this presentation:

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Contact Name: _____ Phone: _____
Email: _____