



**In Our Own Voice (IOOV) Audience Evaluation**

**Date of Meeting** \_\_\_\_\_

**Location** \_\_\_\_\_

**Facilitators/ Presenters** \_\_\_\_\_

**My favorite part of the presentation was:**     What Happened     What Helped     What's Next

Prior to today, had you seen an IOOV Presentation before?     Yes     No

Prior to this presentation, were you aware of NAMI?     Yes     No

Prior to this presentation, were you aware of NAMI St. Louis?     Yes     No

**For the below questions, please select one response option for each item.**

<b>Upon completion of the NAMI In Our Own Voice (IOOV) presentation, please rate the following</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Neutral</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
The presentation provided useful information.					
The presentation was easy to follow.					
I enjoyed the discussion portions.					
I believe recovery from mental illness is possible.					

<b>Before and after statements</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Neutral</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
Before this presentation, I did not believe mental illnesses were as real as physical illnesses.					
As a result of this presentation, I believe mental illnesses are just as real as physical illnesses, like diabetes or heart disease.					
Before this presentation, I felt I had nothing in common with people who have mental illness.					
As a result of this presentation, I feel I have more in common with people with mental illness.					
Before this presentation, I was more fearful of people with mental illness than those without mental illness.					
As a result of this presentation, I am less fearful of people with mental illness.					
Before this presentation, I would not have felt comfortable working with a person with mental illness.					
As a result of this presentation, I would feel comfortable working with a person with mental illness.					

**What was most helpful to you?** (Select all that apply)

- Hearing the stories
- Watching the video
- Learning what was helpful in times of need
- The opportunity to ask questions
- Handouts
- Learning about mental health
- Other (please specify) \_\_\_\_\_

**Select up to three actions you plan to take to help yourself or others who struggle with mental health challenges.**

- Reading about mental health
- Talking to a professional
- Finding additional resources
- Asking someone if they need help
- Contacting NAMI
- Being more compassionate
- Listening to others
- Advocating for services
- Finding a support group
- Other (please specify) \_\_\_\_\_

**What, if any, changes would you suggest making to the presentation?**

**Do you have any additional comments about the presentation?**

**We are required to report the below demographic information as a condition of grant and other funding that allows us to offer this and other programs free of charge. Please help us by selecting all that apply to you.**

Background	Ethnicity	Gender	Sexual Orientation	Age*	Military Status
<input type="checkbox"/> Family Member	<input type="checkbox"/> African American	<input type="checkbox"/> Female	<input type="checkbox"/> Heterosexual	<input type="checkbox"/> 15-19*	<input type="checkbox"/> Active Military
<input type="checkbox"/> Consumer	<input type="checkbox"/> Asian	<input type="checkbox"/> Male	<input type="checkbox"/> Lesbian	<input type="checkbox"/> 20-34*	<input type="checkbox"/> Veteran
<input type="checkbox"/> Student	<input type="checkbox"/> Bi/Multi-Racial	<input type="checkbox"/> Transgender	<input type="checkbox"/> Gay	<input type="checkbox"/> 35-54	<input type="checkbox"/> Family Member
<input type="checkbox"/> Educator	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Other _____	<input type="checkbox"/> Bisexual	<input type="checkbox"/> 55-64	<input type="checkbox"/> Other _____
<input type="checkbox"/> Law enforcement	<input type="checkbox"/> Hispanic/ Latino		<input type="checkbox"/> Other _____	<input type="checkbox"/> 65-74	
<input type="checkbox"/> Physician/Nurse	<input type="checkbox"/> Hawaiian/ Pacific Islander			<input type="checkbox"/> 75-84	
<input type="checkbox"/> Social Worker				<input type="checkbox"/> 85+	
<input type="checkbox"/> Other Mental Health Provider	<input type="checkbox"/> Native American/ Alaskan Native				
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____				

*\*If you selected an age group marked by an asterisk, please select whether you are also in the following age group:  18-25*

**Household Income**

- 0 - \$9,999
- \$10,000 - \$14,999
- \$15,000 - \$19,999
- \$20,000 - \$29,999
- \$30,000 - \$49,999
- \$50,000 - \$99,999
- \$100,000 +

Zip code: \_\_\_\_\_ Name of Employer: \_\_\_\_\_

Thank you for taking the time to complete this survey. Your input is valuable.

Contact page – not attached to evaluation

**I would like more information or to be contacted by NAMI St. Louis about the following:**

- Becoming a NAMI St. Louis member
- Becoming an IOOV Presenter (must be a person living with a mental illness).
- Receiving NAMI St. Louis and /or related mental health events and news items via email.
- Volunteering at NAMI St. Louis
- Participating in the Annual NAMI Walk
- Contributing financially to NAMI St. Louis

**Please send information to this address:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_