



Support Groups Data Survey

Report the following information at www.nami.org/programdata

Program: NAMI Connection Recovery Support Group NAMI Family Support Group

Facilitator Name/s: _____

Facilitator Email: _____

Facility Street Address or Name: _____

City: _____ State/Country: _____

NAMI Affiliate (if none, list NAMI State Organization): _____

Date of Group Meeting (mm/dd/yyyy): _____ Time: _____ : _____ AM PM

Number of Participants – **Including** Facilitators: _____

Number of Veterans, Active Duty or Related Participants (if none, write 0): _____

This number cannot be larger than the “Number of Participants”, i.e. if there were 10 participants and 6 were veterans, report 6.

Number of First Time Participants: _____

Language Presented In?

English Spanish Other, specify: _____

Was the Support Group Held in Partnership with the Veterans Administration? Yes No

Did You Actively Encourage Participants to Become NAMI Members? Yes No