

Ending the Silence (ETS) Audience Evaluation

Date of Presentation _____

Location _____

Presenters _____

Choose the presentation you are evaluating: ETS for Students ETS for School Staff ETS for Families

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

Upon completion of the NAMI In Our Own Voice (IOOV) presentation, please rate the following	Strongly Agree	Agree	Unsure	Disagree	Strongly Disagree
This presentation was helpful to me.					
I've learned information that was new to me.					
I felt encouraged to participate in the discussion.					
The presenters communicated effectively.					
I know the early warning signs of mental health conditions.					
As a result of this presentation, I know how to help myself, a friend, a student or a family member if I notice any of these warning signs.					
I feel more comfortable talking about mental health because of this presentation.					
I would recommend this program to others.					

What did you like best about the presentation?

What is one suggestion you have for making this presentation better?

Please share any additional thoughts you have about the NAMI Ending the Silence Program.

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.

Zip code: _____

Occupation/Background

- Student
- Person living with mental illness
- Family Member of person w/ mental illness
- Other _____

Ethnicity

- African American
- Asian
- Bi/Multi-Racial
- Caucasian
- Hispanic/ Latino
- Hawaiian/ Pacific Islander
- Native American/ Alaskan Native
- Other _____

Gender

- Female
- Male
- Transgender

Sexual Orientation

- Heterosexual
- Gay/ Lesbian
- Bisexual
- Other _____

Age: _____

- Under 15
- 15-19*
- 20-34*
- 35-54
- 55-64
- 65-74
- 75-84
- 85+

Military Status

- Active Military
- Veteran
- Family member
- None/ Other _____

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

Other experiences:

Have you ever experienced homelessness? Yes No

Have you ever been jailed or incarcerated? Yes No

Have you experienced a mental illness/ mental health disorder? Yes No

Have you ever had a substance use disorder? (drugs or alcohol) Yes No