

Audience Evaluation
In Our Own Voice (IOOV)/ Lived Experience Presentation

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 or lived experience presentation before? Yes No

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

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

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

Upon completion of the presentation, please rate the following	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
The presentation provided useful information.					
The presentation was easy to follow.					
I enjoyed the discussion portions.					
I believe recovery from mental illness is possible.					

Before and after statements	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
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/Occupation	Ethnicity/ Race	Gender	Sexual Orientation	Age*	Military Status
<input type="checkbox"/> Student	<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"/> Educator	<input type="checkbox"/> Asian	<input type="checkbox"/> Male	<input type="checkbox"/> Lesbian	<input type="checkbox"/> 20-34*	<input type="checkbox"/> Veteran
<input type="checkbox"/> Law enforcement	<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"/> Physician/Nurse	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Other _____	<input type="checkbox"/> Bisexual	<input type="checkbox"/> 55-64	<input type="checkbox"/> None/ Other _____
<input type="checkbox"/> Social Worker	<input type="checkbox"/> Hispanic/ Latino		<input type="checkbox"/> Other _____	<input type="checkbox"/> 65-74	
<input type="checkbox"/> Other Mental Health Provider	<input type="checkbox"/> Hawaiian/ Pacific Islander			<input type="checkbox"/> 75-84	
<input type="checkbox"/> Other _____	<input type="checkbox"/> Native American/ Alaskan Native			<input type="checkbox"/> 85+	
	<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: _____

Other experiences:

- Are you a family member of a person who has experienced a mental illness/ mental health disorder? Yes No
 Have you experienced a mental illness/ mental health disorder? Yes No
 Have you ever experienced homelessness? Yes No
 Have you ever been jailed or incarcerated? Yes No
 Have you ever had a substance use disorder? (drugs or alcohol) Yes No