Audience Evaluation

Holding Hope Presentation: Family Speakers Bureau

<table>
<thead>
<tr>
<th>Presentation Date</th>
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<th>Presentation Time (Please estimate)</th>
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<thead>
<tr>
<th>Location of Presentation, including city (for virtual presentations, put &quot;virtual&quot;)</th>
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<table>
<thead>
<tr>
<th>Presenter name(s)</th>
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My favorite part of the presentation was:  □ What Happened  □ What Helped  □ What’s Next

Prior to today, had you seen a NAMI Missouri Holding Hope Family Speakers Bureau presentation before?  □ Yes  □ No  □ Other/Unsure

Prior to this presentation, were you aware of NAMI or NAMI Missouri?  □ Yes  □ No  □ Other/Unsure

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

<table>
<thead>
<tr>
<th>Upon completion of the presentation, please rate the following:</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
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<tbody>
<tr>
<td>The presentation provided useful information.</td>
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<td>The presentation was easy to follow.</td>
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<td>I enjoyed the discussion portions.</td>
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<td>I believe recovery from mental illness is possible.</td>
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<table>
<thead>
<tr>
<th>Before and after statements</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
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<tbody>
<tr>
<td>Before this presentation, I did not believe the challenges associated with mental illnesses were as real as physical illnesses.</td>
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<td>As a result of this presentation, I believe the challenges associated with mental illnesses are just as real as physical illnesses, like diabetes or heart disease.</td>
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<td>Before this presentation, I felt unfamiliar with the challenges and struggles associated with being a family member of a person with mental illness.</td>
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<tr>
<td>As a result of this presentation, I feel more understanding of the challenges and struggles associated with being a family member of a person with mental illness.</td>
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<td>Before this presentation, I was not aware of the support network for family members of people living with mental illness.</td>
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<tr>
<td>As a result of this presentation, I am more familiar will and know how to access the support network for family members of people living with mental illness.</td>
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[Additional questions on reverse]
What was most helpful to you? (Select all that apply)

☐ Hearing the stories
☐ The opportunity to ask questions
☐ Learning about mental health in general
☐ Learning what was helpful in times of need
☐ Handouts
☐ Other

Select up to three actions you plan to take to help yourself or others who struggle with the challenges associated with mental illness, including the challenges associated with being a family member or caregiver for someone living with mental health challenges.

☐ Reading about mental health
☐ Talking to a professional
☐ Finding additional resources
☐ Asking someone if they need help or support
☐ Contacting NAMI
☐ Being more compassionate
☐ Listening to others
☐ Advocating for services
☐ Finding a support group
☐ Other

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**

☐ Student
☐ Educator
☐ Law enforcement
☐ Physician/Nurse
☐ Social Worker
☐ Mental Health Provider
☐ Other

**Ethnicity/ Race**

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

**Gender**

☐ Female
☐ Male
☐ Non-binary
☐ Other
☐ Prefer not to say

**Sexual Orientation**

☐ Straight
☐ Lesbian
☐ Gay
☐ Bisexual
☐ Other
☐ Prefer not to say

**Age**

☐ Under 18
☐ 18-24
☐ 25-34
☐ 35-54
☐ 55-64
☐ 65-74
☐ 75-84
☐ 85+

**Military Status**

☐ Active Military
☐ Veteran
☐ Family Member of Active Military or Veteran
☐ Other
☐ None

Zip Code: ______________________

Other experiences:

Are you a family member of a person who has experienced a mental illness/ mental health disorder?  ☐ Yes ☐ No ☐ Maybe

Are you the parent or primary caregiver of a child or youth with a Serious Emotional Disturbance (SED) including a mental, behavioral, or emotional disorder or disorders?  ☐ Yes ☐ No ☐ Maybe

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

Is there anything else you’d like to add?

Thank you for taking the time to complete this survey. Your input is valuable.  (Rev. 07-22-2021)