FaithNet Audience Evaluation

Presentation Date

Presentation Time (Please estimate)

Location of Presentation, including city (for virtual presentations, put "virtual")

Presenter name(s)

Prior to today, had you seen a NAMI FaithNet presentation before? ☐ 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.

<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>
</tr>
</thead>
<tbody>
<tr>
<td>The presentation materials were helpful.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The presentation provided useful information.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The presentation was easy to follow.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The program leaders were effective.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I would recommend this presentation to other people.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

The following statements apply to me. (Select all that apply.)

- [ ] Person living with a mental health condition or mental illness
- [ ] Family member of a person living with a mental health condition or mental illness
- [ ] Mental health provider or other professional

I am a Missouri resident.

- [ ] Yes
- [ ] No

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

Sexual Orientation
- [ ] Straight
- [ ] Lesbian
- [ ] Gay
- [ ] Bisexual
- [ ] Other

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
- [ ] None

Zip Code (optional): __________

How do you describe your community? [ ] Urban [ ] Suburban [ ] Rural

Other experiences

Are you the parent or caregiver of a child, youth or young adult up to age 25 with a mental health condition? [ ] Yes [ ] No

If yes, does your child, youth or young adult up to age 25 have BOTH a mental health condition AND autism, a learning disability, or a developmental disability? [ ] 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

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