



## NAMI Family-to-Family Program Evaluation

Thank you participating in NAMI Family-to-Family and taking the time to share your feedback. Your comments and suggestions will help improve the program.

State where you attended NAMI Family-to-Family: \_\_\_\_\_

City or town where you attended NAMI Family-to-Family: \_\_\_\_\_

NAMI Affiliate that sponsored your class: \_\_\_\_\_

Month & Year you finished NAMI Family-to-Family: \_\_\_\_\_ 20 \_\_\_\_\_

Because of the NAMI Family-to-Family program I just attended I am better able:

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
Recognize the signs and symptoms of mental illness						
Understand the type of services people with mental illness need						
Understand what "living in recovery" means as it relates to mental illnesses						
Manage crises that may result from symptoms of mental illness						
Manage the stresses and negative impacts that the stigma of mental illness may cause						
Access the care and support services that I or my family member need						

Based on the NAMI Family-to-Family program I just completed (check the appropriate box for each question):

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
I see the symptoms of the mental illness as separate from the person who has the illness						
I do not believe mental illness is anyone's fault						
Individuals have a right and an obligation to actively engage and question their treatment provider						

## Demographics

Please answer as many of the questions below as you are comfortable with to help us learn more about the participants in NAMI programs.

Which is your age?

- |  |                                |                                |
|--|--------------------------------|--------------------------------|
| <input type="checkbox"/> 17 or younger | <input type="checkbox"/> 18-20 | <input type="checkbox"/> 21-29 |
| <input type="checkbox"/> 30-39         | <input type="checkbox"/> 40-49 | <input type="checkbox"/> 50-59 |
| <input type="checkbox"/> 60 or older   |                                |                                |

What is your gender?

- |                               |                                 |   |
|-------------------------------|---------------------------------|---|
| <input type="checkbox"/> Male | <input type="checkbox"/> Female | <input type="checkbox"/> Other, or prefer not to answer |
|-------------------------------|---------------------------------|---|

What is your race/ethnic background?

- |  |  |
|--|--|
| <input type="checkbox"/> Asian/Pacific Islander        | <input type="checkbox"/> Black/African-American      |
| <input type="checkbox"/> Caucasian                     | <input type="checkbox"/> Hispanic, Latino or Spanish |
| <input type="checkbox"/> Native American/Alaska Native | <input type="checkbox"/> Other/Multi-Racial          |
| <input type="checkbox"/> Decline to Respond            |  |

How did you find out about NAMI Family-to-Family?

- |  |   |
|--|---|
| <input type="checkbox"/> Family Member or Friend | <input type="checkbox"/> Health Care Provider                     |
| <input type="checkbox"/> nami.org                | <input type="checkbox"/> NAMI Publication (Advocate, Voice, etc.) |
| <input type="checkbox"/> NAMI Affiliate Web Site | <input type="checkbox"/> Local Newspaper/Advertisement            |
| <input type="checkbox"/> Other, please specify:  |   |

Are you a member of NAMI?

- |   |   |
|---|---|
| <input type="checkbox"/> Yes                      |   |
| <input type="checkbox"/> No, but I intend to join | <input type="checkbox"/> No, I am not planning to join at this time |