

NAMI Peer-to-Peer Program Evaluation

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

State where you took NAMI Peer-to-Peer: _____

City or town where you took NAMI Peer-to-Peer: _____

NAMI Affiliate that sponsored your class: _____

Month & Year you finished NAMI Peer-to-Peer: _____ 20 _____

Because of the NAMI Peer-to-Peer program I just took I am better able to:

	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						

Because of taking NAMI Peer-to-Peer:

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
I am better able to recognize the signs that my symptoms are beginning to recur						
I understand what action steps to take when my symptoms recur						
I have developed a working Relapse Prevention Plan						
I am comfortable sharing my Relapse Prevention Plan with people involved in my care and treatment						
I am comfortable sharing my Recovery Plan with people involved in my care and treatment						

Based on NAMI Peer-to-Peer:

	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						

Please let us know the degree to which you agree or disagree with the following:

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
This program was helpful for me						
I have learned information that was new to me						
The leaders of this program communicated effectively						
The written materials were useful for me						
I would recommend this program to others						

Please share your comments regarding the teaching/support team leading your class.

What personal changes have you made, or anticipate making, as a result of participating in NAMI Peer-to-Peer?

Now that you have participated in NAMI Peer-to-Peer, what other information would be helpful for you?

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

Your AHA! Experience: Participants in our NAMI education courses often experience an AHA! moment in class. AHA! moments are when something from the course finally clicked for you. We would love to hear when the light bulb went on...so to speak.

I am willing to have my responses and comments be used anonymously for research and marketing purposes

Yes

No

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 Peer-to-Peer?

- | | |
|--|---|
| <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 |