



NAMI Family Support Group Evaluation

Thank you for participating in NAMI Family Support Group and taking the time to share your feedback. Your comments and suggestions will help us improve NAMI Connection Support Groups for others.

State where you attend NAMI Family Support Groups _____

City or town where you attend NAMI Family Support Groups: _____

NAMI Affiliate that sponsors your group: _____

Attending NAMI Family Support Group:

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
Provides support from people who are going through similar circumstances						
Leaves me feeling better when I leave than when I arrived						
Gives me practical information to help me support my family member						
Gives me a better understanding of the resources available in my community						
Has produced positive changes in my life						
Has improved my ability to access and advocate for mental health services for my family member						

As a result of attending NAMI Family Support Group:

	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						
I believe 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 support group is helpful for me						
I have learned information that was new to me						
The facilitators of this program communicated effectively						
I would recommend this program to others						

How many NAMI Family Support Groups have you attended?

2 or less

3 to 9

10 or more

Please share your comments regarding the support group.

Please share your comments regarding the facilitators leading your group.

What personal changes have you made, or anticipate making, as a result of participating in NAMI Family Support Group?

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

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 Family Support Groups?

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