



In Our Own Voice Data Survey

All data is required when reporting online at [www.nami.org/programdata](http://www.nami.org/programdata)

Program-check one:  NAMI In Our Own Voice

Presenter Name/s: \_\_\_\_\_

Presenter Email: \_\_\_\_\_

Facility Street Address or Name: \_\_\_\_\_

City: \_\_\_\_\_ State/Country: \_\_\_\_\_

NAMI Affiliate (if none, list NAMI State Organization): \_\_\_\_\_

Date of Presentation (mm/dd/yyyy): \_\_\_\_\_

Number of Audience Members: \_\_\_\_\_

Number of Veterans, Active Duty or Related Participants (if none, write 0): \_\_\_\_\_

*This number cannot be larger than the "Number of Audience Members", i.e. if there were 30 audience members and 6 were veterans, report 6.*

Language Presented In?

- English  Spanish  Other, specify: \_\_\_\_\_

Describe the Audience:

- General Public  Active Military & Veterans  Civic Group
- Correctional Facility  Court/Legal Office  Faith Group
- Hospital, General  Hospital, Psychiatric  Law Enforcement/CIT
- Mental Health Facility (Clients Only)  Mental Health Facility (Staff & Clients)
- Mental Health Providers  NAMI Event/Meeting  NAMI Family-to-Family Class
- Peer-Run Organization  Political Organization  School, College/University
- School, K-12  School, Medical or Social Work
- Other: Specify your own value: \_\_\_\_\_

Was the Presentation Held in Partnership with the Veterans Administration?  Yes  No

Did You Actively Encourage Participants to Become NAMI Members?  Yes  No