NAMI Washington
National Alliance on Mental Illness

NAMI Basics

Data Collection Guide for Facilitators

For Facilitators

Things to note during the meeting

Name of program: _____

Program host affiliation: NAMI _____

Program leader(s) full name: _____

Number of participants: _____

Number of first time participants: _____

Number of graduates:_____

Number of veterans: _____

Language used: _____

Date: _____

REPORT DATA

(Report at the end of the class)

If you are not on a computer, please use your camera phone to hover over the QR code and a banner will appear at the top of your screen with a link to the survey.

NAMI National Alliance on Mental Illness Washington Report Data

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For Participants

NAMI Basics Survey

—For ONLINE Meetings—

Facilitators, please copy this link, and paste it into the chat box in the Zoom window halfway through the class and after the last session.

https://forms.gle/ksRH3X89XuEGgi3a8

SURVEY

—For IN-PERSON Meetings—

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