

2016 NAMI Colorado Support Groups Data Survey

Program (Please check only one):

- NAMI Connection Recovery Support Group NAMI Family Support Group

Facilitators' Names: _____

Contact Facilitator's Email: _____

Facility Street Address or Name: _____

City: _____

NAMI Affiliate (if none, list NAMI Colorado): _____

Date of Group Meeting (mm/dd/yyyy): _____ Time: _____ AM PM

Number of Participants – Including Facilitators: _____

Number of Veterans: _____

Number of First Time Participants: _____