

# NAMI NH Affiliate Support Group Monthly Report

Month \_\_\_\_\_ Location \_\_\_\_\_

**Adult Group** \_\_\_\_\_ **Parent Group** \_\_\_\_\_

1. How many times did your group meet this month:   1   2 3 4 5
2. Total number of attendees for the month:    Number of 1<sup>st</sup> time attendees: \_\_\_\_\_
3. Any speakers or presentations made to the group in this month? Yes No

Name of speaker \_\_\_\_\_ Topic \_\_\_\_\_  
Number of attendees \_\_\_\_\_

Volunteer Hours- Please list names of group members who gave time to do any group related work. This includes facilitating, taking calls, mailings, copying, writing letters to legislators or newspapers, representing NAMI at health fairs or community events, etc.

Name \_\_\_\_\_ total monthly hours \_\_\_\_\_

Name \_\_\_\_\_ total monthly hours \_\_\_\_\_

Name \_\_\_\_\_ total monthly hours \_\_\_\_\_

Name \_\_\_\_\_ total monthly hours \_\_\_\_\_

Has the group participated in any presentations, health fairs, or NAMI related community projects?

For calls you receive regarding your group, Complete an I & R form for each call or enter the information in this survey monkey link :

<http://www.surveymonkey.com/s/affiliateiandr>

We are being asked to collect this data for the state to show need in our communities. No names or other information will be provided to the state.

Group Facilitator: \_\_\_\_\_