

## 2018 Capitol Information & Education Day **LEGISLATIVE VISIT FEEDBACK FORM**

*This form will provide feedback to the Center and CTCP about the effectiveness of ongoing tobacco education to legislators. Each participant should complete one form for each legislative visit.*

### 1. Meeting information:

Legislator Visit     Caucus Visit (specify caucus: \_\_\_\_\_)

Legislator's Name \_\_\_\_\_ District Number \_\_\_\_\_

Assembly Member     Senator

Person(s) at meeting:  Legislator     Staffer name/title \_\_\_\_\_

Meeting duration (minutes) \_\_\_\_\_

### 2. I&E Days participant (s) attending legislative visit:

Your Name \_\_\_\_\_ Agency \_\_\_\_\_

Others on your legislative visit team \_\_\_\_\_

### 3. What topics were discussed during the legislative visit? (Check all that apply)

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Key Messages      | <input type="checkbox"/> Smokefree Housing | <input type="checkbox"/> Local Events        | <input type="checkbox"/> Tobacco Industry         |
| <input type="checkbox"/> Local Ordinances  | <input type="checkbox"/> Cessation         | <input type="checkbox"/> Retailer Licensing  | <input type="checkbox"/> Priority Populations     |
| <input type="checkbox"/> Secondhand Smoke  | <input type="checkbox"/> Budget Issues     | <input type="checkbox"/> Adult Smoking Rates | <input type="checkbox"/> Smoking in Outdoor Areas |
| <input type="checkbox"/> Local Retail Data | <input type="checkbox"/> Prop 56 or 99     | <input type="checkbox"/> Youth Smoking Rates | <input type="checkbox"/> Statewide Laws           |
| <input type="checkbox"/> Local Coalition   | <input type="checkbox"/> Enforcement       | <input type="checkbox"/> Tobacco Sponsorship | <input type="checkbox"/> Flavored Tobacco         |

Other/Specify: \_\_\_\_\_

### 4. If you talked to your legislator about flavored tobacco products, what was their response?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 5. What local materials (e.g., data, coalition information) did you provide and what local activities did you ask your legislator to be a part of?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 6. Follow-up information that you will provide to the legislative office: (check all that apply)

- Fact Sheet     Newsletters     Local Activity Updates     Thank you note     No follow-up needed
- Reports: \_\_\_\_\_     More information about a specific topic(s): \_\_\_\_\_

**PLEASE TURN TO THE BACK →**

7. How supportive is the legislator/staffer of tobacco issues (5 being most supportive): 1 2 3 4 5

8. Comments: (add feedback from visit, questions the legislator/staffer asked, issues the legislator is interested in, etc.)

---

---

---

---

---

---

---

---