

## 2018 District Days

# LEGISLATIVE VISIT FEEDBACK FORM

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

### 1. Meeting information:

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

District Office Address: \_\_\_\_\_

Assembly Member     Senator

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

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

### 2. District 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.)

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