



INFORMATION & EDUCATION

VIRTUAL DAYS OF ACTION 2022

Please use this feedback form to capture key information and follow-up items from your meeting.
Please complete one form for the entire group that attended the meeting.

1. Meeting Information

Officeholder and/or staff member Name _____

2. Participant Information

Name	Name	Name

3. What topics were discussed during the legislative meeting?

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

Other issues discussed:

4. What were the major issues discussed in the meeting?

5. What local information (e.g., data, activities, coalition information) did you provide to the policymaker and/or staff?

6. What follow-up information was requested by the policymaker/staff and/or did you promise to provide? (check all that apply)

- Fact Sheet Newsletter Local Activity Updates No Follow-up Needed

Reports:

More information about specific topic(s):

Other/Specify:

7. How supportive is the policymaker/staff of tobacco control on a scale of 1-5? (1 = Low, 2 = High) _____

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