



# CAPITOL INFORMATION & EDUCATION DAYS



## Legislative Feedback Form

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.)