



**CALIFORNIA TOBACCO
ENDGAME CENTER FOR
ORGANIZING AND ENGAGEMENT**
A project of the American Heart Association®

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?

- | | | | |
|--|---|---|---|
| ☐ Flavored Tobacco | ☐ Enforcement | ☐ Local Ordinances | ☐ Retailer Licensing |
| ☐ Adult Smoking Rates | ☐ Flavored Tobacco | ☐ Local Retail Data | ☐ Secondhand Smoke |
| ☐ Budget Issues | ☐ Local Coalition | ☐ Priority Populations | ☐ Smoking in Outdoor Areas |
| ☐ Cessation | ☐ Local Events | ☐ Prop 56 or 99 | ☐ Statewide Laws |

Other issues discussed:

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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.)