

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:

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 informatio about specific to			
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.)

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