

1. What city or town do you live in? _____
2. I am a (Circle one):
Self-advocate Family member of a person with IDD Professional/other
3. I identify as (Circle one):
Male Female Non-binary/third gender
Prefer to self-describe _____ Prefer not to say
4. I identify as (Circle all that apply):
White or Caucasian Black or African American American Indian/Alaska Native
Asian Native Hawaiian/other Pacific Islander Hispanic or Latino
5. Are you currently a member/leader of a board, coalition, stakeholder group, committee, community group or advocacy group? (Circle one) Yes No
6. Does participating in DD Advocacy Days make you feel better able to say/communicate what is important to you/your family member/the person you support? (Circle one) Yes No
7. Are you happy with your experience during the DD Advocacy Days? (Circle one) Yes No
8. What did you like best about your experience?
9. What would you change?