

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)

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)

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?