

In Our Own Voice: Living with Mental Illness

Presenter Profile:

Note: Filling out this form is completely voluntary. The form will be used to track program demographics. Answers you give will in no way affect your involvement with IOOV.

Please answer the following questions about yourself.

Personal Background:

Name: _____ **Gender:** _____ **Age:** _____

Address: _____

Phone: _____ **E-mail:** _____

Local NAMI organization: _____

Ethnic background: _____

Diagnosis: _____

Age at onset: _____ **Last episode:** _____

Educational Background:

Last grade/degree completed: _____ **Field of study:** _____

Work Experience:
