



American Heart Association®

You're the Cure

## LEGISLATIVE MEETING EVALUATION

*Please complete a separate form for each of your legislative visits.*

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Legislator Name: \_\_\_\_\_

Time of visit: \_\_\_\_\_

Was the Member present?                      Yes      No

Did you meet with legislative staff?      Yes      No

If yes, please provide their name(s) and title(s):

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Did the lawmaker and/or their staff agree to [insert issue one ask]?

Yes      No      Maybe

Explain:

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Did the lawmaker and/or their staff agree to [insert issue two ask]:

Yes      No      Maybe

Explain:

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Please complete both sides of the form.

Did the lawmaker and/or their staff agree to [insert issue three ask]:

Yes    No    Maybe

Explain:

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Did the lawmaker or staff make a specific request and/or is any follow-up needed?

Yes    No

Explain:

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How would you rate this meeting overall?

Excellent

Good

Fair

Poor

Explain:

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Your Name: \_\_\_\_\_

Other attendees who were present:

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*Please return this form to:*

*Scott Herrick at [scott.herrick@heart.org](mailto:scott.herrick@heart.org)*