

**\*Please return in stamped envelope by Friday 1/9/09\***

**Dear Amputee Support Group Member:**

**Please help us to the best job possible meeting your needs. Please complete the following questionnaire and return in the stamped envelope. Although we have over 80 members, our meeting attendance is very low and we want to increase participation.**

**\*Indicate choice of receiving the Amputee Flyer/Newsletter:**

Mail **-OR-** E-Mail address: \_\_\_\_\_

**-County of Residence** \_\_\_\_\_

**-What do you like about the group?**

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**-What do you dislike about the group?**

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**-What would you like to change about the group?**

Location  Meeting day  Time

**-Do you use the website? [www.oohrah.net/aha](http://www.oohrah.net/aha)  Yes  NO**

**What topic areas most interest you?**

- Emotional Support
- Knowledge of Prosthetics
- Care of limb, prosthetics, sockets, etc.
- Coverage of care
- Socialize with other amputees
- Meeting daily challenges
- Other \_\_\_\_\_

**\*I'd like to take a leadership role  Yes  No**

**\*I would volunteer to serve on a committee to set up our meetings  Yes  No**

**If So: Name**

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**Phone #**

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**Mail Questionnaire to:**

**Calvert Memorial Hospital**

**ATTN: Scarlett M. Schall RN Case Manager**

**100 Hospital Road**

**Prince Frederick, MD. 20678**