

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?

-What do you dislike about the group?

-What would you like to change about the group?

Location Meeting day Time

-Do you use the website? 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

Phone #

Mail Questionnaire to:

Calvert Memorial Hospital

ATTN: Scarlett M. Schall RN Case Manager

100 Hospital Road

Prince Frederick, MD. 20678