MDS SUPPORT GROUP NEEDS/INTEREST ASSESSMENT

We are interested in your thoughts on the following topics to assist in planning Support Group meetings that will meet your needs/interests.

1. Please indicate your preference for day/time of meeting.

2. How often would you like to meet – times per year?

3. What is the longest distance you are willing to travel to a meeting on a regular basis?

4. How important is it for you to share experiences and feelings with other Group members?
   _____ very important  _____ somewhat important  _____ not important

5. What educational topics are of interest to you, MDS-related and survivorship/wellness options?

6. What type of refreshment choices do you prefer – potlucks, light snacks or just beverages?

7. Do you have an interest in social activities as a Support Group meeting option?
   If yes, please describe.

8. Other ideas?

Thank you for assisting us in planning.