MDS SUPPORT GROUP EVALUATION

In order to provide a Support Group experience that meets the needs and interests of our members, we are very interested in your thoughts about the experience.

1. Are the meeting times, frequency and location suitable for you? Yes or No (circle)
   If no, please explain.

2. Does the meeting facility provide a comfortable atmosphere? Yes or No (circle) Please explain.

3. Please share any suggestions you may have for future programs that are specific to MDS or more general in regard to wellness and survivorship.

4. If you were present at any meeting that involved a speaker, please comment about the experience in regard to the speaker’s effectiveness and topic.

5. Is the Group sharing experience satisfying to you? Yes or No (circle) Please explain.

6. Is the amount of time devoted to Group sharing suitable for you? Yes or No (circle) Please explain.

7. Overall, how has the Support Group experience influenced your ability to live with MDS?

8. Any other comments or suggestions?

Thank you for sharing your thoughts.