

The Hemophilia Foundation of Southern California needs your help! HFSC is reevaluating its programs and services, and we need to know what is important to you and your family. Please make sure your voice is heard by returning your completed survey to the HFSC office in the envelope provided by April 1, 2006.

1. Survey identification (Please check all that apply)

- Person with Bleeding Disorder
 Please specify: _____
 Family Member
 Relation & disorder type: _____
- Carrier
 Symptomatic Carrier
 Industry Member
 Healthcare Professional

2. Please assess each of the following HFSC programs according to how valuable they are to you and your family (5 = MOST important; 1 = LEAST important).

	(Least Important)			(Most Important)		
Summer Camp	1	2	3	4	5	N/A
Family Info Day	1	2	3	4	5	N/A
Hemogames	1	2	3	4	5	N/A
Regional Educational Events	1	2	3	4	5	N/A
Holiday Parties	1	2	3	4	5	N/A
Emergency Assistance	1	2	3	4	5	N/A
Chris Pitkin Memorial Scholarship	1	2	3	4	5	N/A

How could your favorite program/event, or any other programs/events, be improved? _____

3. How many HFSC programs/events are you planning on attending this year? _____. Please list them: _____

4. Do you feel HFSC provides programs that benefit you and your family? YES NO. What other programs could HFSC provide? _____

5. Please assess some of the topics HFSC is considering for future programming according to how valuable they are to you and your family (5 = MOST important; 1 = LEAST important).

	(Least Important)			(Most Important)		
Chronic Pain Management	1	2	3	4	5	N/A
Complementary Healthcare (Dental/Eye)	1	2	3	4	5	N/A
Understanding Advocacy	1	2	3	4	5	N/A

Please suggest other topics _____

6. Do you use HFSC as an informational/educational resource? YES NO

7. How can HFSC be a better informational/educational resource? _____

8. Do you feel comfortable turning to HFSC for hemophilia support? YES NO

9. How can HFSC better support you and your family? _____

10. Are you interested in being an HFSC volunteer? If so, please contact HFSC at (800) 371-4123 or provide your name, phone number and email address: _____