



HOW CAN WE IMPROVE?

We are committed to providing families the most useful information possible, and welcome your feed back. Please fill out this form and return it to your child life specialist or mail it to the address above.

PLEASE RATE THE FOLLOWING TOPICS ON THE FOLLOWING SCALE

1 Not Useful at all **2** A little useful **3** Quite practical **4** Very helpful **5** Most valuable

COMMUNICATION PLAN

1 **2** **3** **4** **5**

EDUCATION PLAN

1 **2** **3** **4** **5**

SUPPORT PLAN

1 **2** **3** **4** **5**

HOME PLAN

1 **2** **3** **4** **5**

DOCTOR AND HOSPITAL PLAN

1 **2** **3** **4** **5**

FINACIAL PLAN

1 **2** **3** **4** **5**

INTERACTIVE PAGES

1 **2** **3** **4** **5**

INFORMATION SHEETS

1 **2** **3** **4** **5**

DID YOU FIND THE RESOURCES...

Well organized? **YES** **NO** Useful? **YES** **NO**

HOW FREQUENTLY DID YOU USE THE GUIDE? _____

HOW WOULD YOU RATE THE CONTENT OF THE GUIDE?

- Too Much Information to process at time of diagnosis
- Just the right amount of information
- Would like to see more information
- Not the kind of information I was looking for

HOW WOULD YOU RATE THE PERSONAL COMMENTS FROM PARENTS?

- They made me feel comfortable, knowing that I am not alone
- It was interesting to read how other parents felt
- I did not read the parents comments
- I did not find the comments helpful at all

WOULD YOU RECOMMEND OUR GUIDE TO OTHER PARENTS? Why, or why not?

WHAT ADDITIONAL INFORMATION WOULD YOU LIKE TO SEE ADDED TO THE GUIDE?

PLEASE SHARE ANY ADDITIONAL COMMENTS OR SUGGESTIONS.

Thank you for your participation!

NAME _____

ADDRESS _____

CITY, STATE, ZIP CODE _____

PHONE _____ **E-MAIL** _____

MAY WE ADD YOU TO OUR MAILING LIST, ABOUT NEW PRODUCTS AND EVENTS?

YES **NO**

INDEX

Bill Payment schedule.....	35	Needs.....	13	Tips for teens.....	32
Blood counts.....	11-12	Neutrphils.....	12	Tips for tots.....	29
Charting.....	26	Nutrition.....	21	Tips for tweens.....	31
Contact list.....	6	Organization.....	3	Website creation.....	4
Control.....	3, 32	Packing list.....	27	White Blood cells.....	11, 12
Diagnosis information.....	1	Packing.....	26, 29, 31, 32		
Doctor visits.....	24	Phone	4		
Education.....	8-10, 29	Platelets.....	11		
Emergency numbers.....	23	Red Blood Cells.....	11		
Feelings.....	21, 30, 31, 32	Resources.....	36-38		
Financial plan.....	32-35	Roles.....	3, 20		
Hemoglobin.....	11	School.....	10		
Home plan.....	19-23	Siblings.....	20		
Homebound school.....	10	Smoking.....	19		
Hospital Bills.....	34	Stem cells.....	11		
Hospital Schedule.....	28	Support group.....	14		
Hospital.....	25-32	Support plan.....	13-18		
Infection.....	12	Support staff.....	25		
Journaling.....	4	Taxes.....	34		