



PARENTS' LYMPHEDEMA ACTION NETWORK (PLAN)

Get Involved and Make a Difference!

This questionnaire was developed for all who are interested in getting involved with PLAN. Let us know what your needs are and whether you can contribute your time and/or talents. We look forward to receiving your feedback and to working with you to make this much-needed project a reality. Upon completion, please return to the NLN office via fax or mail (fax number and mailing address to be found at the bottom of each page of this questionnaire).

GENERAL INFORMATION

Parents' Names (First & Last): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Patient's name: _____

Birth date: _____ Gender: male female Date of onset: _____

Affected areas: _____

Questionnaire

1) What do you want PLAN to provide?

- Advocacy
- Education
- Resource Guidance
- Networking with other parents and patients
- Other, please list: _____

2) What are your interests?

- Organizing PLAN
- Advocacy
- Treatment options
- Mentoring other parents
- Other, please list: _____

3) What is your preferred method to be contacted?

- Phone
- Postal mail

- E-mail
- Other, please list: _____

4) What is your preferred method to network with other parents and patients?

- Email
- Teleconferences
- Internet chat rooms
- Internet message boards
- Other, please list: _____

5) How much time do you have to contribute to PLAN activities?

- Less than 1 hour a week
- 1-2 hours/week
- 2-4 hours/week
- 4-6 hours/week
- 6+ hours a week

6) What areas would you like to have as PLAN conference call topics?

- Diagnosis
- Treatment options
- Garments and bandages
- Long-term effects of LE
- LE Research
- LE Support Groups
- LE Legislation
- Risks
- Advocacy
- Other, please list: _____

7) Comments/other suggestions:

Thank you!