



## 2017 HASDC NEEDS ASSESSMENT

The Hemophilia Association of San Diego County is very interested in knowing how we can better serve you.  
 Please take a moment to complete this survey and let us know your thoughts.  
 This form is also available on our website and can be returned via email.

**Return to HASDC by March 18 to be entered into a drawing for a  
 "Making Healthy Happen" Gift Package**

### I. CONTACT INFORMATION

<b>Main Contact - First Name</b>	<b>Main Contact - Last Name</b>	
Street	City, State, Zip	
Email	Primary Phone (      ) <input type="checkbox"/> Home <input type="checkbox"/> Cell	
1. Full name of person with bleeding disorder	Diagnosis (Hemophilia, vWD, etc.)	Year of Birth
2. Full name of person with bleeding disorder	Diagnosis (Hemophilia, vWD, etc.)	Year of Birth
3. Full name of person with bleeding disorder	Diagnosis (Hemophilia, vWD, etc.)	Year of Birth
4. Full name of person with bleeding disorder	Diagnosis (Hemophilia, vWD, etc.)	Year of Birth
<input type="checkbox"/> Yes, I am interested in starting a team for the San Diego Hemophilia Walk on October 14, please contact me.		
<input type="checkbox"/> Yes, I am interested in learning more about joining the HASDC Board of Directors, please contact me.		
<input type="checkbox"/> Yes, I am interested in Camp Pascucci (children ages 7-14). Register online at <a href="http://www.hasdc.org/events">www.hasdc.org/events</a>		
<input type="checkbox"/> Please remove me from your database, I no longer want to receive information from HASDC. Full name as it appears on mailing label: _____		
Primary language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____		

**PLEASE COMPLETE SIDE 2 ON BACK**

## II. NEEDS ASSESSMENT

I am a:  Patient  Caregiver

1. How is HASDC doing in regards to providing you programs, services and access to resources?

**Circle one:** 1 = Poor      2 = Good      3 = Excellent

Comments:

2. What bleeding disorder topics or services are you most interested in learning more about?

Examples: pain management, women and bleeding, infusing, insurance, access to care, treatment centers, etc.

3. What topics or services NOT related to bleeding disorders are you most interested in learning more about?

Examples: jobs, education, depression, scholarships, etc.

4. How can HASDC better assist you? More programming, support services, networking, etc.?

5. What is the most difficult part of managing your/a bleeding disorder?

6. What program or event do you most enjoy and why?

7. Do you read the quarterly newsletter?  Yes  No Comments:

Do You read the monthly online eNewsletter?  Yes  No Comments:

If you do not receive the eNewsletter but would like to, please share your email: \_\_\_\_\_

8. Additional comments/concerns: