SWF HPNA Chapter Needs Assessment 2015

1. **Please indicate your interest in possible future meeting topic and discussions.**

 **TOPIC IMORTANCE 1=very little interest 5=greatest interest**

Goals of care conversations: 1 2 3 4 5

Symptom management: 1 2 3 4 5

Alternative therapies: 1 2 3 4 5

Advance care planning: 1 2 3 4 5

Team health and wellness: 1 2 3 4 5

Disease specific education: 1 2 3 4 5

IDT role specific education and training:

 Chaplain 1 2 3 4 5

 RN 1 2 3 4 5

 ARNP 1 2 3 4 5

 MSW/LCSW 1 2 3 4 5

 Administrator 1 2 3 4 5

1. **Please rate in order of influence potential barriers to meeting attendance.**

**BARRIER IMPORTANCE 1=none 5=most important**

Busy work/personal life 1 2 3 4 5

Time of meeting: 1 2 3 4 5

Lack of interest in topic 1 2 3 4 5

Distance/travel time to event: 1 2 3 4 5

Lack of notification of event: 1 2 3 4 5

Don’t feel connected to group: 1 2 3 4 5

1. **What is the farthest distance you would regularly travel to attend meetings?**

\_\_\_\_\_\_\_\_ 5-15 miles

\_\_\_\_\_\_\_\_ 16-25 miles

\_\_\_\_\_\_\_\_ 26-35 miles

\_\_\_\_\_\_\_\_ 36-45 miles

\_\_\_\_\_\_\_\_ >45 miles

1. **What is the best start time for future meetings? (circle)**

5PM 530PM 6PM 630PM 7PM

1. **What is the most ideal length for future meetings? (circle)**

30 MIN 60 MIN 90 MIN 120MIN

1. **Rate the following:**

 **STATEMENT IMPORTANCE 1=none/disagree 5=most important/agree**

Food and drinks 1 2 3 4 5

Catering: 1 2 3 4 5

Share cost of food 1 2 3 4 5

Willing to “bring a dish” 1 2 3 4 5

AV/visual effects 1 2 3 4 5

1. **Meetings will be scheduled the first week of the month generally on an every other month basis, which day of the week is best for you to attend? (circle one)**

Tuesday Wednesday Thursday

1. **Please share any comments or suggestions that you feel would make our chapter stronger.**

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