



CHARLES COLE MEMORIAL HOSPITAL REGIONAL MEDICAL CARE

Attention: Community Outreach
1001 East 2nd Street
Coudersport, PA 16915
814-260-5550 T
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www.charlescoleshospital.com/contactform

As an effort to support the health and well-being of our communities, Charles Cole Memorial Hospital is evaluating the need to form a support group for individuals that are in any stage of weight loss of 75+ lbs. While the group would focus, mainly, on individuals that are considering, have decided to pursue or who have undergone weight loss surgery anyone will be welcome. Please complete this survey to better help us identify and meet your needs. Surveys can be returned via mail, fax or submitted through the CCMH website. All information will be kept confidential.

Survey

What would you like from a weight loss support group?

1. In what kind of support are you interested? (check all that apply):
 - Social Networking
 - Educational
 - Activities
 - Other
2. How often would you like to meet?
 - Weekly
 - Bi-weekly
 - Monthly
 - Quarterly
3. What days and times work best for you? (check all that apply):
 - Sunday
 - Monday
 - Tuesday
 - Wednesday
 - Thursday
 - Friday
 - Saturday

 - Morning
 - Afternoon
 - Evening
4. In what type of activities are you interested? (check all that apply):
 - Shopping
 - Movies
 - Walks/Hikes
 - Bowling
 - Dining
 - Pool
 - Clothing Exchange
 - Pot Luck
 - Cooking Demonstrations
 - Personal Training
 - Other

5. What type of educational opportunities would you like to see? (check all that apply):
- Dietician Q&A Forum
 - Counselor Q&A Forum
 - Weight Loss Surgery Practitioner Q&A Forum
 - Plastic Surgeon Q&A Forum
 - Post-surgery Patients Q&A Forum
 - Other

10. Age:
- 18-24
 - 25-34
 - 35-44
 - 45-54
 - 55-64
 - 65+

11. Comments, Questions, Suggestions:

6. Are you comfortable having appropriate food at the group meetings?
- Yes
 - No

7. Have you had weight loss surgery?
- Yes
 - No

If "Yes," what type?

- RNY
- LabBand
- Mini Gastric Bypass
- Duodenal Switch
- Vertical Sleeve Gastrectomy
- VBG
- Revision

Where was your surgery performed?

If "No," are you considering weight loss surgery?

- Yes
- No

8. If you are considering or have undergone weight loss surgery, where are you in your journey?
- Researching and gathering information
 - Applied to a program and undergoing testing
 - Awaiting insurance approval
 - Awaiting surgery
 - Had surgery less than 1 month ago
 - Had surgery less than 3 months ago
 - Had surgery less than 6 months ago
 - Had surgery less than 1 year ago
 - Had surgery less than 2 years ago
 - Had surgery 3 or more years ago

9. Male Female

Name: _____

Address: _____

Telephone: _____

Email: _____

Today's Date: _____