

General Information

Program:	Consumer Name:
	Consumer Number:
Date (mm/dd/yy):	Staff Completing:

I am: Consumer Other: _____ (Please specify relationship to consumer)

Questions

1. Do you feel you can do more on your own now than before working with March of Dimes?

Yes No Unsure Not Applicable

Please specify:

2. Do you feel March of Dimes has helped you become more involved in the community?

Yes No Unsure Not Applicable

Please specify:

3. Do you feel that March of Dimes has helped you to meet people?

Yes No Unsure Not Applicable

Please specify:

4. Do you feel that your life has improved since being involved with March of Dimes?

Yes No Unsure Not Applicable

Please specify:

5. Are you satisfied with the support given to help achieve your goals now?

Yes No Unsure Not Applicable

Please specify:

6. Additional Comments:
