

GOOD GRIEF OF KANSAS, INC. ~ SURVEY 2019

2622 W Central - Suite 401B, Wichita, KS 67203

Name: _____

Phone: _____

This survey has been developed to better understand the various needs of Good Grief attendees -- what is working, what is not, and what you would like to see developed. Please supply contact information so we may follow up on the suggestions made.

Group Support Meetings

Start time good suggestion (specify) _____

Length of meeting good suggestion (specify) _____

Location (keep in mind current locations are free) good suggestion (specify) _____

Group Discussion Topics good suggestion (specify) _____

Facilitator(s) helpful suggestion _____

Socials (circle all you have attended)

Lunch/Brunch/Breakfasts

Red Banquet

Christmas Gathering

Soup Supper (in past years)

Ice Cream Social (in past years)

Other Suggested activity you would like to see offered (details) _____

Informational Programs/Workshops

Hold in conjunction with group support meeting yes no

Hold in conjunction with socials yes no

Hold as a separate event yes no

How often quarterly monthly other (specify) _____

Topics:

Personal Safety

Identity Theft

Wills and Trusts

Investments

Retirement/Financial Future Planning

Westar presentation

Other (specify) _____

Mental Health/Depression

Volunteering

Part-time work for Seniors

Creating a Monthly Budget

Clutter/Organization

Weatherman presentation

Fundraising You Would Support

Private Donation

Bingo Fundraiser

Memorial Balloon Release/Walk

Eating establishment with % of sales going to Good Grief

I know a corporate sponsor I can contact

Other Suggestions (specify) _____

We welcome any other comments you might have: _____

Feel free to use the enclosed donation envelope to return your survey to Good Grief of Kansas.