



## Ostomy Canada Questionnaire

**Your feedback is most important.**

**It will allow us to meet the needs of individuals with ostomies  
& Ostomy Canada's Mission & Vision.**

**We realize life is busy but would greatly value your time.**

**Opportunity to complete online or hard copy.**

**Complete by April 4, 2017**

Question	Comments					
1. Province reside in:	<input type="checkbox"/> Alberta <input type="checkbox"/> British Columbia <input type="checkbox"/> Manitoba <input type="checkbox"/> New Brunswick <input type="checkbox"/> Newfoundland & Labrador <input type="checkbox"/> Northwest Territories, Yukon & Nunavut <input type="checkbox"/> Nova Scotia <input type="checkbox"/> Ontario <input type="checkbox"/> Prince Edward Island <input type="checkbox"/> Quebec <input type="checkbox"/> Saskatchewan					
2. Describe your participation in Ostomy Canada (choose all that apply):	<input type="checkbox"/> Board of Director <input type="checkbox"/> Pillar Administrator <input type="checkbox"/> Committee Leader <input type="checkbox"/> Committee member <input type="checkbox"/> Regional Administrator <input type="checkbox"/> Volunteer <input type="checkbox"/> Ostomy Canada Individual <input type="checkbox"/> None of the above					
3. Is it important to you as an individual to be involved with the governing of Ostomy Canada?	NO <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px; text-align: center;">1</td> <td style="width: 20px; height: 20px; text-align: center;">2</td> <td style="width: 20px; height: 20px; text-align: center;">3</td> <td style="width: 20px; height: 20px; text-align: center;">4</td> <td style="width: 20px; height: 20px; text-align: center;">5</td> </tr> </table> Definitely	1	2	3	4	5
1	2	3	4	5		
4. At the local level do you feel that there is too much time spent on governance? (running of chapter; finance; policy setting; minute taking)	<input type="checkbox"/> YES <input type="checkbox"/> No Comment <div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 5px;"></div>					

Question	Comments
5. Would you be open to hear about new organizational structure models & consider changes to the National Office & Local level?	<input type="checkbox"/> YES <input type="checkbox"/> No Comment <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
6. Do you feel the current fundraising strategies are effective?	<input type="checkbox"/> YES <input type="checkbox"/> No Comment <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
7. Does this position us for future growth?	<input type="checkbox"/> YES <input type="checkbox"/> No Comment <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
8. If you could change the structure of Ostomy Canada & local chapters what would it be like?	
9. Do you feel that the current fundraising strategy supports Ostomy Canada (Vision & Mission)?	<input type="checkbox"/> YES <input type="checkbox"/> No <input type="checkbox"/> If no, what would you suggest for improvement? Please specify <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
10. Would you support and participate in the development of an additional fundraising event for the society?	<input type="checkbox"/> YES <input type="checkbox"/> No If yes, what type of event would you recommend would fit in our fundraising strategy? <div style="border: 1px solid black; height: 40px; width: 100%;"></div>

Question	Comments
11. What is Ostomy Canada's best marketing tool?	
12. Ostomy Canada would like to liaison with other community partners (organizations). Can you identify organizations, groups, associations we could team up with?	
13. Can you suggest a marketing gimmick, campaign to increase knowledge of Ostomy Canada? (Like the Ice bucket Challenge for ALS)	
14. What do you want or need most from your membership with Ostomy Canada?	
15. How often do you visit our website?	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Rarely <input type="checkbox"/> Other What information were you looking for & not able to find? <div data-bbox="721 1272 1552 1423" style="border: 1px solid black; height: 70px; width: 100%;"></div>
16. What media do you currently use?	<input type="checkbox"/> Facebook <input type="checkbox"/> Twitter <input type="checkbox"/> LinkedIn <input type="checkbox"/> Instagram <input type="checkbox"/> Google+ <input type="checkbox"/> Pinterest Other <div data-bbox="721 1587 1552 1738" style="border: 1px solid black; height: 70px; width: 100%;"></div>
17. How can Ostomy Canada better market itself?	

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18. Are there areas in your location where support groups are needed?	<input type="checkbox"/> YES <input type="checkbox"/> No (please specify) <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
19. How often should there be a conference or gathering? (May circle more than one)	<input type="checkbox"/> Regional once/year <input type="checkbox"/> Regional once every 2yrs <input type="checkbox"/> National once/year <input type="checkbox"/> National Once every 2yrs Other, Please specify <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
20. If on a committee are there some specific aspects on which your committee should work on to make sure its vision is met?	
21. What are the main needs in your location presently?	
22. How can Ostomy Canada improve the Visiting Program	
23. Do you feel you have the opportunity to express your thoughts & suggestions? Are they heard?	<input type="checkbox"/> YES <input type="checkbox"/> No If not, explain <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
24. Do you care what happens at the national level?	<input type="checkbox"/> YES <input type="checkbox"/> No Explain <div style="border: 1px solid black; height: 40px; width: 100%;"></div>

Question	Comments
25. What priorities do you want Ostomy Canada focused on for the next 1-2 years?	
26. What do you see as the benefit of being part of Ostomy Canada Society?	
27. What is getting in the way of progress?	
28. What do you think is working well in your volunteer work with Ostomy Canada Society?	
29. What would you like to see done differently?	
30. Do you feel you understand the priorities of Ostomy Canada Society?	

**Thank you for your opinions.**

**We appreciate time in completing this survey.**

**The submitted opinions will allow Ostomy Canada's Board of Directors to clearly understand needs & implement goals.**