

## Help the SBFV better understand and respond to its members' needs

The Spina Bifida Foundation of Victoria would like to know more about the psychological well-being of people with spina bifida and what programmes might provide support.

**We would therefore like to learn more about how having spina bifida, or having a close family member with spina bifida, affects you on a personal level.**

We are particularly interested in:

- **What activities and interests help you cope with challenges,**
- **What psycho-social issues or concerns you may have, and**
- **What additional activities might be helpful in maintaining your well-being.**

Please fill out the form below, detach and return to SBFV by **October 10th, 2008.**

**Please indicate which applies to you:**

- A person with spina bifida. Aged \_\_\_\_\_
- A parent of someone with spina bifida.
- A brother / sister of someone with spina bifida.
- Other (please specify) \_\_\_\_\_

**My particular issues / concerns are:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I would find the following helpful:**

(Tick all that apply)

- Talking to a supportive professional 1-to-1**  
(Individual Counselling)
- Talking in a confidential, supportive group**  
(Group Counselling)
- Guided Relaxation**
- Meditation**
- Tai chi**
- Art therapy**
- Assertiveness skills**
- Building confidence and self esteem**
- Overcoming shyness/improving social skills**
- Other** \_\_\_\_\_

**I would like more information about this and I am willing to be contacted by SBFV.**

**I would consider answering a short questionnaire.**

**I would consider taking part in a discussion group or individual interview.**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**For further information, please contact:**

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**Thank you for your help**