Patient-Reported Outcomes Methods Group

Membership Survey

1. Contact Details

First Name: Last Name:

Address:

Country:

Tel: Fax:

E-mail:

Cochrane Collaboration Affiliation: YES NO
If Yes, which entity? Please specify:

Center: CRG: MG:

Field: Network:

2. I wish to be:

Active: Kept informed of the activities:

Please go to Section 3. End of the survey

3. Subgroups of interest (for active members only)

Please put a cross (X) in front of the Working Group (WG) corresponding to your choice:

- Concepts and Methods Review:
- Review Design Group:
- Analysis Group:
- Fields/Conditions/Pathologies of interest: CNS, Diabetes, Elderly, Gastrointestinal, HIV, Musculoskeletal, Oncology/Palliative Care, Ophthalmology, Oral dental health, Psychiatry, Respiratory Diseases, Urology - Please specify:

- Workshops

I am volunteer (as a speaker) to participate in workshops which will be organised either during the CC annual colloquium or at other occasions:

YES NO

Please e-mail this survey back to Tatiana Gauchon at:
tatiana.gauchon@mapi-trust.org