

**Please complete this brief survey about the murder/disappearance of your loved one and return in the enclosed envelope**

*Your cooperation to take this brief survey will help FOHVAMP to be a more effective advocate for co-victims of unsolved murders and suspicious disappearances.*

I am ...  Victim's Family/Friend;  Victim Assistance;  Volunteer;  
 Other (please explain) \_\_\_\_\_

Which Police Department or Sheriff's Office has your loved one's case? \_\_\_\_\_

In what year did your loved one's murder/disappearance occur? \_\_\_\_\_

1] How did you first learn about FOHVAMP?  Phone call from FOHVAMP caller;  
 I heard about it from friend or family member;  I found FOHVAMP's website;  
 Referred by victim services;  Other (please explain) \_\_\_\_\_

2] Was your first contact with us initiated by you, or by FOHVAMP?  
 Me  FOHVAMP

3] If you were first contacted by a FOHVAMP caller, what was your reaction? Were you:  
[You may choose more than one]  
 Annoyed;  Surprised;  Curious;  Pleased;  Other (please explain) \_\_\_\_\_

4] Has the unsolved murder/suspicious disappearance of your loved one caused any of the following symptoms? [Check all that apply]  
 Depression  Difficulty controlling your temper in relation to another person;  
 Sleeping too much or too little;  Worrying that something bad is going to happen;  
 Extreme tiredness, fatigue, lack of energy;  Memory problems;  Stress

5] Have your friends and/or family commented about your mood swings or erratic behaviour?  Yes  No  Other (please explain) \_\_\_\_\_

6] If you checked any of the symptoms in 4] or answered "Yes" to 5], have you discussed your symptoms with your doctor or a therapist recently?  Yes  No  
 Other (please explain) \_\_\_\_\_

7] If you answered "No" to 6], is cost a factor?  Yes  No

8] What is your age?  Under 30;  31 - 50;  51 - 70;  70+

9] Do you live in Colorado?  Yes  No

Name (Optional) \_\_\_\_\_ Address \_\_\_\_\_  
City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

**Thank you for participating in this survey. Please mail it to: FOHVAMP, P.O. Box 145, Pine, CO 80470**