

Eligibility Criteria Survey

Please complete the survey below.

Thank you!

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- 1) Do you hold current Nursing AHPRA registration? Yes
 No
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- 2) Are you a nursing student or non-nursing staff member? Yes
 No
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- 3) Do you currently self-rate yourself as highly confident when providing care to patients/clients with Haemophilia? Yes
 No
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- 4) Please enter your email address so the system can automatically send you the outcome data surveys. Your email will not be visible to any member of the research team. _____
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- 5) Date agreed to participate in study (DD-MMM-YYYY) _____