

Caregiver Network Questionnaire

Hi Everyone!

To help us further the development of our caregiver network please answer the following questions. Thank you in advance for your assistance. *Louise Rosand, Caregiver Advocate.*

1. Have you made contact with any of the caregivers in the Network?
Please check one: Yes _____ No _____ Would you like to? Yes _____ No _____
2. Have you ever received one of the Caregiver Network newsletters?
Please check one: Yes _____ No _____ Would you like to? Yes _____ No _____
3. Have you received any email messages from our Caregiver Network?
Please check one: Yes _____ No _____ Would you like to? Yes _____ No _____
4. Have you ever attended one of our Caregiver socials? [breakfast, potluck lunch, picnic,]
Please check one: Yes _____ No _____ [annual dinner, Christmas party]
5. What are some issues as caregiver(s) that you may have?
Some examples:
Respite care _____ Transportation _____ Other _____
6. Are there areas that you would like more information on:
Respite care _____ Transportation _____ Support Groups _____
Other _____
7. If you are interested in group education,
Would you like a full-day conference/seminar: Yes _____ No _____
or a series of small conferences/seminars: Yes _____ No _____
daytime _____ evenings _____ weekdays _____ weekends _____
8. What would be the best way to get this information to you?
Please check all that apply:
Email _____ Telephone/cell _____
Postal Mail _____
Group education forum _____ (i.e.: support group, conference, seminar)
Other _____
9. May we release any of your information to other members of the Caregiver Network?
No _____!!! The following only: _____
Name(s) _____ Address _____ Telephone _____ email _____

10. Would you be willing to be a "telephone buddy"? Yes _____ No _____

11. Please provide any suggestions you have for improving the Caregiver Network:

Date: _____

Would you help us update our files by filling in the following?

Name: _____

Address: _____

City _____ State _____ Zip Code _____

Telephone/cell # _____

Email _____

Care-recipient name _____

Relationship to care-recipient _____

[Please send to address below.]

Questions for the Caregiver to think about:

- Am I taking care of myself?
- Am I assuring there is balance in my life?
- Am I trying to establish a workable schedule?
- Am I learning where and how to ask for help?
- Am I investigating support groups for myself and my family?
- Am I learning about the disease and its long-term ramifications?
- Am I learning from others about how to be a balanced caregiver?
- Am I able to retain my sense of humor?
- Am I journaling?
- Am I aware of my limits?