

CENTRAL MASSACHUSETTS FAMILY CAREGIVER SUPPORT PROGRAM

The Caregiver Support Program is interested in continuing to provide trainings and presentations in the community. In order to better meet the needs of our caregivers please help us by filling out the following survey (check all that apply)

1.) What type of care do you provide?

- Personal care (hands on assistance)
 - Eating
 - Dressing
 - Bathing
 - Walking/ambulation
 - Other_____
- Transportation (medical appointments, shopping, etc.)
- Financial
 - Management assistance (bill paying, power of attorney)
 - Financial assistance
 - Other_____
- Medication/medical
 - Medication reminders
 - Accompanying to and arranging medical appointments
 - Other_____
- Daily Living Assistance
 - Cooking
 - Housework
 - Shopping
 - Other_____

2.) What emotional issues are you faced with as a caregiver?

- Nursing Home or Assisted Living Placement
- Reluctance to accept services Please Specify_____
- Loss and Grief
- Family Conflict
- Other_____

3.) What type of training/presentation would you be interested in attending? (check all that apply)

Disease Specific

- Alzheimer's/Dementia
- Depression
- Stroke
- Hearing Loss
- Urology (incontinence)
- Diabetes
- Other_____



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3.) What type of training/presentation would you be interested in attending? (check all that apply)

- Legal and Financial Please specify _____
- Living Options
 - Medical Eligibility
 - Financial Aspects
 - Availability of Housing Options
- Spirituality
 - Loss and Grief
 - Death and Dying
- Community Resources
 - In-home services for elders
 - Transportation
 - Caregiver Services
 - Long Distance Arrangements
 - Home Safety
- Family Dynamics
 - Resistance
 - Changing Family Roles
 - Conflict within the Family
- Training for hands-on care Please Specify _____

4.) Do any of the above trainings need to be in another language?

Yes No Specify _____

5.) What time of day would you attend? (check all that apply)

morning afternoon evening

6.) Would you need someone to stay with the person for whom you are caring?

Yes No

7.) Would you be willing to have someone from the caregiver program follow-up with a phone call? Yes No

Name _____

Phone _____

8.) Would you be willing to participate in a one-time meeting to discuss caregiver needs? Yes No

Name _____

Phone _____