

Family Survey

At _____, we believe that your involvement as a family member is an important part of providing quality of life for our (residents/participants). There are different ways you can be involved in our Family Program. Please take a moment to tell us your preferences and needs.

Thank you for your time and thoughts. We look forward to working together!

Information on these topics would be useful to me right now:

- | | |
|--------------------------------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> Information about the community | <input type="checkbox"/> How to talk to my family member |
| <input type="checkbox"/> Learning about staff and their jobs | <input type="checkbox"/> Talking with children in the family |
| <input type="checkbox"/> Information about my relative's condition | <input type="checkbox"/> What to expect from dementia |
| <input type="checkbox"/> Dealing with stress | <input type="checkbox"/> Financial & legal planning |
| <input type="checkbox"/> Getting the most out of visits | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> How to respond to behavior problems | <input type="checkbox"/> I don't need any information right now. |

The best way(s) for me to get information, education, and support are (check all that apply):

- | | |
|--------------------------------------------------------------------|----------------------------------------------------------------------|
| <input type="checkbox"/> Support/discussion group in person | <input type="checkbox"/> Newsletters and tip sheets |
| <input type="checkbox"/> Support/discussion group on-line | <input type="checkbox"/> I can manage these issues myself right now. |
| <input type="checkbox"/> Educational presentations in a group | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Spending time in the community with staff | |

Ways I would like to participate in the Family Program are:

- Evening activities or groups (How often? _____ What time? _____)
- Weekend activities or groups
- Helping on a committee (activity materials, parties, newsletter, gardening)
- Reading to residents or playing an instrument
- Helping my children or other relatives to participate
- Joining the Residents/Family Council
- Visiting is the only way I am able to participate in the Family Program right now.
- Other: _____

This is my biggest concern right now: _____

One thing the staff members could help me with right now is: _____

Optional: If you would like to be contacted to discuss your survey personally, please let us have your name and contact details below:

Name: _____

Best way to contact me (phone, email, mail): _____