

UNITED WAY CAREGIVERS COALITION



SUMMER 2011 EVALUATION FORM

When did you first learn about the United Way Caregivers Coalition?

- 2005 2006 2007 2008 2009 2010 2011

Since becoming involved with United Way Caregivers Coalition:

1. My awareness of services and resources for caregivers has improved.
 Strongly Agree Agree Undecided Disagree Strongly Disagree
2. My understanding of how to access services and resources has improved.
 Strongly Agree Agree Undecided Disagree Strongly Disagree
3. My understanding of the importance of taking care of my own physical and mental health has improved.
 Strongly Agree Agree Undecided Disagree Strongly Disagree
4. My knowledge of how to be an advocate for myself and for the person I provide care for has improved.
 Strongly Agree Agree Undecided Disagree Strongly Disagree

I can share my caregiving concerns and needs through the United Way Caregivers Coalition.

- Strongly Agree Agree Undecided Disagree Strongly Disagree

I feel that the Coalition is working to meet the needs of caregivers.

- Strongly Agree Agree Undecided Disagree Strongly Disagree

I plan to continue my involvement with the Caregiver Advisory Panel and the United Way Caregivers Coalition.

- Yes No Undecided

Would you be interested in connecting with another caregiver by telephone to receive and/or provide support?

- Yes If yes, please check all that apply: To receive support To provide support
 No Undecided

What are your continuing needs?

- | | |
|--|---|
| <input type="checkbox"/> Disease/Disability Specific Information | <input type="checkbox"/> Respite Services |
| <input type="checkbox"/> Durable Medical Equipment | <input type="checkbox"/> Support Groups/Counseling/Mental Health Services |
| <input type="checkbox"/> Financial Assistance | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Legal Assistance/Benefits Information | <input type="checkbox"/> Other _____ |

Additional Comments: _____
