

Memory Café Survey – Individual

Given to the individual at their first Memory Café

1. Please list your phone number with area code – example 520-123-4567

2. What is your birthdate? (mm/dd/yyyy) _____

3. Gender (select one)

- a. Male
 - b. Female
 - c. Non-binary
 - d. Use a different term
 - e. Prefer not to answer
-

4. Transgender (select one)

- a. Yes
 - b. No
 - c. Prefer not to answer
-

5. Sexual Orientation (select one)

- a. Lesbian or gay
 - b. Straight, that is, not gay or lesbian
 - c. Bisexual
 - d. Use a different term
 - e. Don't know
 - f. Prefer not to answer
-

6. Ethnicity (select one)

- a. Hispanic or Latino
 - b. Not Hispanic or Latino
-

7. Race (select all that apply)

- a. American Indian/Native American
 - b. Asian or Asian American
 - c. Black or African America
 - d. Middle Eastern North African
 - e. Native Hawaiian or other Pacific Islander
 - f. White
-

8. Intellectual & Developmental Disability (select one)

- a. Persons with IDD
 - b. Persons without IDD
-

9. Military status (select one)

- a. Served in the military
 - b. Not served in the military
-

10. Living arrangement (select one)

- a. Lives alone, has an identified caregiver
- b. Lives alone, no identified caregiver
- c. Lives with a caregiver
- d. Lives with someone who is not a caregiver

11. How did you hear about this Memory Café?

PCOA <input type="checkbox"/>	Word of mouth <input type="checkbox"/>
Newspaper/publication <input type="checkbox"/> Please specify:	Community Organization <input type="checkbox"/> Please specify:
Internet search <input type="checkbox"/>	Radio <input type="checkbox"/>
Flyer <input type="checkbox"/>	TV commercial <input type="checkbox"/>

Please indicate how often you have access to this type of support.	None of the time	A little of the time	Some of the time	Most of the time	All the time
1. Someone you can count on to listen to you when you need to talk.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Someone to have a good time with.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Someone to confide in or talk to about yourself or your problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Someone to get together with for relaxation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Someone to do something enjoyable with	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Someone who understands your problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The following are all aspects of your life. Please rate each area to show how you feel most of the time.	Poor	Fair	Between good and fair	Good	Excellent
7. Energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Mood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Ability to do things for fun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Life as a whole	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for filling out the survey!

Information gathered in this survey is used to fulfill Memory Café funding requirements. Your responses shall remain confidential.

Memory Café Survey – Caregiver

Given to caregiver at their first Memory Café

1. Please list your phone number with area code – example 520-123-4567 _____

2. What is your birthdate? (mm/dd/yyyy) _____

3. Gender (select one)

- a. Male
- b. Female
- c. Non-binary
- d. Use a different term
- e. Prefer not to answer

4. Transgender (select one)

- a. Yes
- b. No
- c. Prefer not to answer

5. Sexual Orientation (select one)

- a. Lesbian or gay
- b. Straight, that is, not gay or lesbian
- c. Bisexual
- d. Use a different term
- e. Don't know
- f. Prefer not to answer

6. Ethnicity (select one)

- a. Hispanic or Latino
- b. Not Hispanic or Latino

7. Race (select all that apply)

- a. American Indian/Native American
- b. Asian or Asian American
- c. Black or African America
- d. Middle Eastern North African
- e. Native Hawaiian or other Pacific Islander
- f. White

8. Military status (select one)

- a. Served in the military
- b. Not served in the military

PCOA <input type="checkbox"/>	Word of mouth <input type="checkbox"/>
Newspaper/publication <input type="checkbox"/>	Community Organization <input type="checkbox"/>
Please specify:	Please specify:
Internet search <input type="checkbox"/>	Radio <input type="checkbox"/>
Flyer <input type="checkbox"/>	TV commercial <input type="checkbox"/>

9. How did you hear about this Memory Café?

Please indicate how often you have access to this type of support.	None of the time	A little of the time	Some of the time	Most of the time	All the time
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1. Someone you can count on to listen to you when you need to talk.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Someone to have a good time with.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Someone to confide in or talk to about yourself or your problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Someone to get together with for relaxation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Someone to do something enjoyable with.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Someone who understands your problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please indicate how often do you feel...?	None of the time	A little of the time	Some of the time	Most of the time	All the time
7. That your social life has been impacted because you are caring for your relative?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Uncertain about what to do about your relative?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. You could do a better job caring for your relative?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The following are all aspects of your life. Please rate each area to show how you feel most of the time.	Poor	Fair	Between good and fair	Good	Excellent
10. Energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Mood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Ability to do things for fun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Life as a whole	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for filling out the survey!

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