

Memory Café Survey – Individual

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

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

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"/>				
2. Someone to have a good time with.	<input type="checkbox"/>				
3. Someone to confide in or talk to about yourself or your problems.	<input type="checkbox"/>				
4. Someone to get together with for relaxation.	<input type="checkbox"/>				
5. Someone to do something enjoyable with	<input type="checkbox"/>				
6. Someone who understands your problems.	<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"/>				
8. Mood	<input type="checkbox"/>				
9. Ability to do things for fun	<input type="checkbox"/>				
10. Life as a whole	<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

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

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

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"/>				
2. Someone to have a good time with.	<input type="checkbox"/>				
3. Someone to confide in or talk to about yourself or your problems.	<input type="checkbox"/>				
4. Someone to get together with for relaxation.	<input type="checkbox"/>				
5. Someone to do something enjoyable with.	<input type="checkbox"/>				
6. Someone who understands your problems.	<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 type="checkbox"/>				
8. Uncertain about what to do about your relative?	<input type="checkbox"/>				
9. You could do a better job caring for your relative?	<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"/>				
11. Mood	<input type="checkbox"/>				
12. Ability to do things for fun	<input type="checkbox"/>				
13. Life as a whole	<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.