

**POST SURVEY**

**Date** \_\_\_\_\_

1. Name a caregiver you know currently.
  
2. Two community resources for caregivers are:
  - a. Area Agency on Aging of Western Michigan
  - b. HHS, Inc.
  - c. Senior Neighbors, Inc.
  - d. Grand Rapids Community College
  
3. The effects of caregiving on the caregiver can be:
  - a. Social
  - b. Emotional
  - c. Physical
  - d. Spiritual
  - e. All of the above
  
4. I could do \_\_\_\_\_ to raise caregiver awareness in my workplace, church, etc.
  
5. Two statistics you believe to be true about caregiving that is provided in the United States are:
  - a. Nearly 1 in 4 households in America are involved in caregiving
  - b. 75% of all caregivers for older people are women
  - c. In Kent County, 37% of residents surveyed are providing care to elderly relatives or friends

This Fact Sheet is provided as a public service of the Caregiver Resource Network. The Caregiver Resource Network is a collaboration of Kent County organizations dedicated to providing for the needs and welfare of family and professional caregivers within the community. Funded by the Area Agency on Aging of Western Michigan with Older American's Act Title III-E, Family Caregiver Support Funds.

Revised 2/13/03

## Demographic Information

I am currently a caregiver, and I care for my (please circle one):

Spouse                      Sibling  
Parent                      Friend  
Child                        Other  
Age \_\_\_\_\_

Caregiver Age \_\_\_\_\_ Caregiver Gender: M\_\_\_\_ F\_\_\_\_

Caregiver Ethnic/Racial Background:

\_\_\_\_\_ African - American  
\_\_\_\_\_ Asian  
\_\_\_\_\_ Hispanic  
\_\_\_\_\_ Native American  
\_\_\_\_\_ White  
\_\_\_\_\_ Other

Caregiver Annual Household Income:

\_\_\_\_\_ \$0 - \$10,000  
\_\_\_\_\_ \$10,000 - \$20,000  
\_\_\_\_\_ \$20,000 - \$30,000  
\_\_\_\_\_ \$30,000 - \$40,000  
\_\_\_\_\_ \$40,000 - \$50,000  
\_\_\_\_\_ \$50,000 - \$75,000  
\_\_\_\_\_ \$75,000 - \$100,000  
\_\_\_\_\_ \$100,000 or above

\_\_\_\_\_ I would like a phone call to find out about caregiver resources.

\_\_\_\_\_ My club or organization would like a presentation. Please call me.

Name (optional) \_\_\_\_\_

Phone: \_\_\_\_\_

(If requesting a call, please make sure your name appears above).

Your Zip Code \_\_\_\_\_