



Caregiver Wellness Workshops
Easter Seals Colorado & Partner Agency

Why did you choose to attend the Caregiver Wellness Workshop?

What are your expectations of the workshop?

What do you think the outcome will be for your family after attending this workshop?

How knowledgeable do you consider yourself on self-care (i.e. nutrition, exercise, stress management)?

Not knowledgeable Somewhat knowledgeable Very knowledgeable

How important do you consider taking time to care for yourself?

Not important Somewhat important Very important

When was the last time you had respite, a break from family caregiving?

This week During the month 3-6 months 6-12 months

Other _____

How regularly do you access respite?

Daily Weekly Monthly Other _____

What barriers do you encounter to attaining respite? (circle all that apply)

No time Available trained caregivers Cost Other _____

How many hours of quality respite do you think you need to support your family?

____ hours/day ____ hours/week ____ hours/month Other _____

What other type of support does your family receive? (circle all that apply)

CCB Services Family Private Care Providers None

Other _____

When you need help, do you _____ ask for help? (circle answer)

Always Most Times Sometimes Rarely Never