



POLK COUNTY FAMILY CAREGIVERS, INC.

A 501(c)(3) not-for-profit Florida Corporation

A Voice of Advocacy for Family Caregivers

1232 East Magnolia Street, Lakeland, FL 33801-2126

Phone: (863)603-9110 • Fax: (863)603-9114 • pfcaregivers@hotmail.com

Help is available for the family caregivers of Polk County! Here is how you can obtain it!

For over ten years, Polk County Family Caregivers, Inc. has been an advocate for the family caregivers of Polk County. We are affiliated with the National Family Caregivers Association. In an effort to determine which residents of Polk County are family caregivers and what support they need, Polk County Family Caregivers, Inc. is conducting this survey. We would be grateful for your assistance by completing this family caregiver survey. All responses will be kept **confidential** and used only to gather information to assist those family caregivers. We look forward to providing assistance for you and for your loved one. If you have any questions about this family caregiver survey or Polk County Family Caregivers, Inc., contact us at 863/603-9110 or pfcaregivers@hotmail.com. Thank you for responding.

I provide care for a loved one: in my home in their home in a facility-based environment (nursing home, etc.)
 Other location: _____

My loved one is:

- Spouse Parent Child Sibling Grandchild Friend Partner Significant other
 Other: _____

I am the loved one's:

- Husband Wife Son Daughter Mother Father Brother Sister Grandfather Grandmother
 Other: _____

Caregiving services that I provide include:

- Respite Sitting Homemaking Financial assistance Medications Bathing Transporting Toileting
 Entertaining Dressing Lifting Walking Nutrition Feeding Doctor visits Yard work Church
 Other: _____

Are you receiving any assistance to help you deal with these and other family caregiving problems? Yes No

If yes, what assistance are you receiving?

- Respite care Homemaking Skilled nursing Home health care Caregiver training Spiritual support
 Hospice Other: _____

Who provides the assistance?

- Polk County Elderly Services Medicaid Waiver Hospice Home health care Adult day care Self-pay
 Various agencies (please identify): _____

As a family caregiver, what is the most rewarding part of being a family caregiver for a loved one?

- Seeing my loved one happy Knowing that I am helping my loved one A personal sense of self-worth
 Spending quality time together Other: _____

Do you have concerns about being a family caregiver for your loved one? Yes No

If yes, identify your concerns: High stress levels Personal health Personal depression Personal well-being

- Confidence in my ability to deliver quality care Lack of caregiver training Lack of family/community support
 Burnout Lack of spiritual support Other: _____

May we contact you? Yes No **Your responses are confidential and will be aggregated with other responses.**

If "yes", please print:

Your Name: _____ Tel. No.: _____

Address: _____ Fax No.: _____

City/state/zip: _____ E-Mail: _____

Mail this completed survey form to:

Polk County Family Caregivers, Inc., 1232 East Magnolia Street, Lakeland, FL 33801-2126