Family Support Survey

Name: _______________________________ Date: ______________________

Phone: ______________________________

Email: ________________________________

1. What is your role?
   □ Family Member
   □ Caregiver/provider

2. Are you interested in attending a Family or Caregiver Support Group?
   Yes      or      No

3. Are you currently part of a Support Group? Yes      or      No
   If yes, what group
   ___________________________________________________________________
   If no, why?
   ___________________________________________________________________

4. Would you attend if support during this group was offered on site for the individual you support?
   Yes      or      No

5. Would you prefer to attend a group with the individual you support?
   Yes      or      No

6. Would you attend a virtual meeting? (Ex: Zoom, Facebook Live, etc.)
   Yes      or      No

7. Which days of the week are you available (Check all that apply)
   □ Monday     □ Tuesday     □ Wednesday     □ Thursday     □ Friday      □ Saturday

8. What time are you available? (Check all that apply)
   □ Morning    □ Afternoon    □ Evening

9. How often would you want to meet?
   □ Weekly      □ Once every two weeks     □ Monthly      □ Every other month
10. What type of support group are you interested in? (Check all that apply)

- **Family Support Group** - To provide opportunities for caregivers, families and individuals to share experiences, successes, concerns, challenges, and stories as a family with the individual they support.

- **Caregiver/Parent Support Group** - Meet as parents/caregivers to share experiences, successes, concerns, challenges, and stories.

- **Community Access/Recreation Group** - To develop opportunities for community engagement for individuals and their families and caregivers in community events and experiences.

- **Speaker Series Group** - Opportunities to have speakers attend meetings and offer their expertise around specific topics that affect the individuals and families in the disability community.

- **Disability/Age Specific Group** - Specific groups to explore issues arising from diagnosis and/or age specific issues in the disability community.

- **Social/Networking Group** - Opportunities to meet with caregivers and families in the context of beginning to build a network of natural supports and resources to share with the community.

- **Advocacy Support Group** - Opportunity for family members and caregivers to gain resources to advocate for those services and resources they feel are most important for the individuals they support.
11. What type of information are you willing to share with the group?
   (Ex: skills, experiences, successes, concerns, etc.)
   
   ____________________________________________________________________________________
   ____________________________________________________________________________________

What topics interest you?

   □ Turning 22   □ ABLE Accounts
   □ Estate Planning   □ Guiding the Next Caregiver
   □ Navigating Services   □ Healthy Relationships/Sexuality
   □ Assistive Technology   □ Internet Safety
   □ Medical Issues in aging I/DD Population   □ Other ____________________________

12. What natural supports would interested you?
   (Ex: Meet at community events/locations)
   
   ____________________________________________________________________________________
   ____________________________________________________________________________________
   ____________________________________________________________________________________
   ____________________________________________________________________________________

13. What do you hope happens with the support group?

   □ Natural supports
   □ Planning events
   □ Advocacy
   □ Meet new people
   □ Speakers