

## **New Caregiver Program Questionnaire**

Thank you for taking the time to complete this questionnaire. Hospice Orillia offers practical, emotional and spiritual support to those in our community coping with advanced illness, death and bereavement. Our volunteers and staff serve clients and their loved ones of all ages and backgrounds with compassion and respect, while honouring their choices and supporting them through their life journey.

Hospice Orillia's goal is to serve the needs of the community, in ways that are beneficial to all. As a caregiver, we understand the important job you do, and role you play.

Hospice Orillia is looking to provide an arts – based service to help caregivers cope with the stresses of caregiving, while exploring important emotional topics in a safe, supportive space. The responses to the following questions will help ensure that the program is tailored to meet the needs of the community.

Please answer the following questions and submit the responses to Daniela Accomando at <a href="mailto:daniela@hospiceorillia.ca">daniela@hospiceorillia.ca</a>

## **Options for completing questionnaire:**

Option 1: Print, complete and send photo/scanned copy to Daniela

Option 2: Complete the digital form and submit electronically.

- In the areas where it asks for an explanation, type to fill in the text box.
- Use the small squares next to yes/no, day/evening and virtual/in- person, to
  indicate which you prefer. Once clicked on, a check mark will appear to indicate
  your selection. If you wish to change it, simply click once more, and it will
  disappear.



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<ol> <li>Would you attend a 6 week-closed group via video platform?</li> </ol>	YES	NO
If no, please explain why and/or what your preference would be.		
2. Would prefer participating virtually, or in person?	VIRTUAL	IN PERSON
Please indicate the reason for your selection.		
3. Would you enjoy email communication with journal prompts to	YES	NO
complete at your leisure throughout the week?	. =0	
4. Would you prefer this to be run during the day or in the evening?	DAY	EVENING
5. What are some topics that you would like to explore through these se		
Perhaps give some thought to some things that you struggle with while caregiving, things that have crossed		
your mind along your journey, or things that you feel you can't speak about with others.		
6. Please indicate any concerns or reasons why you would not want to participate in this program.		

To submit your responses please click on the 'Submit' button below or email to Daniela Accomando at daniela@hospiceorillia.ca