Caregivers: Please complete this form upon registration into the Respite Program provided by funds from the Lifespan Respite Grant your Provider received.

1. What was your YEAR OF BIRTH: __________

2. What is your MARITAL STATUS: (circle one)
   - [ ] Married
   - [ ] Single
   - [ ] Widowed
   - [ ] Separated
   - [ ] Divorced

3. What is your HIGHEST LEVEL OF EDUCATION?
   - [ ] Some High School
   - [ ] High School Graduate
   - [ ] Some College
   - [ ] Trade School
   - [ ] College Graduate
   - [ ] Graduate School

4. What is your SEX: (circle one)
   - [ ] Male
   - [ ] Female

5. What is your total yearly INCOME, including wages, Social Security, dividends, annuities, etc:
   - [ ] Under $5,000
   - [ ] $5,000 to $9,999
   - [ ] $10,000 to $14,999
   - [ ] $15,000 to $19,999
   - [ ] $20,000 to $24,999
   - [ ] $25,000 to $29,999
   - [ ] $30,000 to $34,999
   - [ ] $35,000 to $39,999
   - [ ] $40,000 to $44,999
   - [ ] Over $45,000

6. What is your RACE (check all that apply):
   - [ ] Black/African American
   - [ ] White/Caucasian
   - [ ] American Indian/Alaskan Native
   - [ ] Asian/Asian-American
   - [ ] Hawaiian/Pacific Islander
   - [ ] Other: ______________

7. What is your relationship to the Care Recipient (e.g., I am their mother, daughter, friend, guardian, etc.)? ________________________________

8. What is the age of the Care Recipient? _________

9. What is the primary reason for caring for the Care Recipient? ______________

9. Approximately how long have you been a Caregiver to the Care Recipient? _________
Please circle yes or no to the following questions:

During the past week or so, I have....

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| 1. Had trouble keeping my mind on what I was doing | Yes  
| 2. Felt that I couldn’t leave my relative/care recipient alone | No  
| 3. Had difficulty making my own decisions | Yes  
| 4. Felt completely overwhelmed | No  
| 5. Felt useful and needed | Yes  
| 6. Felt lonely | No  
| 7. Been upset that my relative/care recipient has changed so much from their former self | Yes  
| 8. Felt a loss of privacy and/or personal time | No  
| 9. Been edgy or irritable | Yes  
| 10. Had crying spells | No  
| 11. Had sleep disturbed because of caring for my relative/care recipient | Yes  
| 12. Felt strained between work and family responsibilities | No  
| 13. Had back pain | Yes  
| 14. Felt ill | No  
| 15. Been satisfied with the support my family/friends have given me | Yes  
| 16. Found my relative/care recipient’s living situation to be inconvenient or barrier to caregiving | No  