

## 08 Family support: a questionnaire

Name: \_\_\_\_\_ Class: \_\_\_\_\_

[INSERT SCHOOL OR COLLEGE NAME] is committed to supporting all of our students and in particular improving support for students who undertake caring responsibilities for a family member. But, we can't help or offer support if we don't know about you!

Any information given on this questionnaire will be treated confidentially by [INSERT STAFF NAME] and will only be shared with your permission.

Please complete the following. If you answer yes to any questions, [INSERT STAFF NAME] will arrange to meet you:

	Yes	No
1. Does a member of your family have a long-term illness, disability, drug or alcohol addiction or mental health problem?		
2. Do you help with personal care such as dressing, washing etc?		
3. Do you help with physical care such as lifting, physiotherapy or giving medication?		
4. Do you help manage the family budget, collecting prescriptions, paying bills?		
5. Do you help with practical tasks such as housework, shopping, cooking?		
6. Do you give emotional support, such as helping to cope with depression, loneliness or anger issues?		
7. Do you look after younger brothers and/or sisters?		
8. Do you help with interpreting (because of hearing, visual or speech impairment, or because English is not the first language of the family)?		
9. Do you worry about your situation and how you are coping?		
10. Would you like to know what help is available for you and the person you care for from other agencies?		

Please put the completed questionnaire in a sealed envelope to ensure your confidentiality and hand it to [INSERT STAFF NAME].

Thank you