

What is your age?

18 to 24

25 to 34

35 to 44

45 to 54

55 to 64

65 +

Where do you live? (Please specify town or suburb name)

What is your gender?

Male

Female

Other

What relationship to you is the person with cancer you are caring for?

Husband

Wife

Partner

Child

Parent

Other Family Member

Friend

Neighbour

Other _____

How long have you been a carer of a person with cancer?

0 to 1 year

1 to 5 years

5 to 10 years

10 to 15 years

Other (please specify) _____

What do you find most challenging in caring for a person with cancer?

Who do you rely on for support now? If any.

Family

Friends

Service Providers (please specify below)

If there was a cancer carer support group in Wagga Wagga would you attend?

Yes

No

Maybe

If no, why?

Would you be interested in attending a cancer carer support group remotely via Zoom/Skype or phone?

Yes

No

Maybe

What would you value in a cancer carer support group?

What is important for you to have in a cancer carer support group?

Confidentiality

Guest Speakers

Health and Wellness presentations

Talking to people with similar experiences to you

Educational presentations

Other (please specify below)

Are there any other comments you would like to make?

If a cancer carer support group were established, would you like to be notified?

Yes

No

Maybe

If you would like to be contacted regarding this survey or a cancer carers support group, please supply your details below.

Name: _____

Phone Number: _____

Email Address: _____

Thank you for your time in completing this survey.

Please return the completed form to Lilier Lodge at your earliest convenience.

lilierlodge@lilier.com.au