

# Caregiver Quiz

## Are You a Caregiver?

1. Do you help a loved one with any of the following: groceries, medications, rides, chores, laundry, meals, walking, bathing or grooming, medical appointments, legal affairs, money or banking assistance, companionship, or supervision?
2. Do you live with a loved one that you don't feel comfortable leaving alone because of his/her health or safety?
3. Do you think, worry, wonder, or feel concerned about how a loved one is getting along because of their age, need for help, health condition, forgetfulness, or make frequent phone calls or visits to check on this person?
4. Does a loved one call you frequently and ask for your help or tell you that she/he can't do certain things?
5. Has a neighbor or friend of a loved one contacted you or you contacted them to check on this person?

*If you answered yes to any of these questions you are a caregiver. Horizon Health Faith in Action has resources to help you be the best caregiver for your loved one.*

## Could you benefit from a volunteer?

- ◆ Do you spend most of your days by yourself?
- ◆ Are simple household and/or outside chores piling up because you aren't able to do them by yourself?
- ◆ Do you need transportation to medical appointments?

*If you answered yes to anyone of these questions, Horizon Health Faith in Action can help.*

## Would you like to be a volunteer?

- ◆ Do you like to visit with people about "days gone by" and relive fond memories?
- ◆ Do you enjoy visiting with people on the phone or in person?
- ◆ Are you a handy-person who enjoys making or fixing things?
- ◆ Do you enjoy driving to a variety of places? How about sharing the ride with someone?

*If you answered yes to anyone of these questions, Horizon Health Faith in Action has a place for you.*

If you would like more information about Faith in Action services or would like to volunteer, complete this form and mail it to Horizon Health Faith in Action, PO Box 220, Pierz, MN 56364.

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**I am interested in having a volunteer**

**I would like to be a volunteer.**