Raregivers Wellness Retreat: Screening Questionnaire

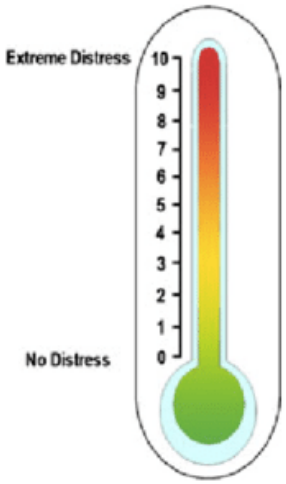
Thank you for your interest in the Wellness Retreat.

To make sure that this program is suitable for you, we ask that you complete this short, 5 minute questionnaire:

	Question	Response
1	What is your full name?	*Open*
2	What is your preferred email address?	*Open*
3	What is your mobile number?	*Open*
4	What is your relationship to the child that you care for?	*Open*
5	Does your child's rare genetic epilepsy have a name? If so, please list it here	*Open*

6. **a)** First please circle the number 0-10 that best describes how much distress you have been experiencing in the past week including today.

b) Second, please indicate if any of the following has been a problem for you in the past week including today. Be sure to check YES or No for each.

<table>
<tr><td>First please circle the number (0-10) that best describes how much distress you have been experiencing in the past week including today.</td><td colspan="2">Second, please indicate if any of the following has been a problem for you in the past week including today. Be sure to check YES or NO for each.</td></tr>
<tr><td> 
</td><td>YES NO <u>Practical Problems</u>
☐ ☐ Child Care
☐ ☐ Housing
☐ ☐ Insurance/financial
☐ ☐ Transportation
☐ ☐ Work/school

<u>Family Problems</u>
☐ ☐ Dealing with children
☐ ☐ Dealing with partner
☐ ☐ Dealing with close Friend/relative

<u>Emotional Problems</u>
☐ ☐ Depression
☐ ☐ Fears
☐ ☐ Nervousness
☐ ☐ Sadness
☐ ☐ Worry
☐ ☐ Loss of interest in usual activities

☐ ☐ <u>Spiritual/religious concerns</u></td><td>YES NO <u>Physical Problems</u>
☐ ☐ Appearance
☐ ☐ Bathing/dressing
☐ ☐ Breathing
☐ ☐ Changes in urination
☐ ☐ Constipation
☐ ☐ Diarrhoea
☐ ☐ Eating
☐ ☐ Fatigue
☐ ☐ Feeling Swollen
☐ ☐ Fevers
☐ ☐ Getting around
☐ ☐ Indigestion
☐ ☐ Memory/concentration
☐ ☐ Mouth sores
☐ ☐ Nausea
☐ ☐ Nose dry/congested
☐ ☐ Pain
☐ ☐ Sexual
☐ ☐ Skin dry itchy
☐ ☐ Sleep
☐ ☐ Tingling in hands/feet

<u>Other problems</u>
_____
_____</td></tr>
</table>