Respite Care Programs

USE DARK (BLUE/BLACK) PENCIL/INK

1. My knowledge of community resources where I can receive help is...

BEFORE THIS PROGRAM, I would have said...
TODAY, my answer is...

2. My commitment to using available social services that apply to me is...

BEFORE THIS PROGRAM, I would have said...
TODAY, my answer is...

3. How often have you been upset because of something that happened unexpectedly?

BEFORE THIS PROGRAM, I would have said...
TODAY, my answer is...

4. How often have you felt that you were unable to control the important things in your life?

BEFORE THIS PROGRAM, I would have said...
TODAY, my answer is...

5. How often have you found that you could not cope with all the things that you had to do?

BEFORE THIS PROGRAM, I would have said...
TODAY, my answer is...

6. How often have you felt difficulties were piling up so high that you could not overcome them?

BEFORE THIS PROGRAM, I would have said...
TODAY, my answer is...
7. My commitment to seek informal support (e.g., from friends, family, etc.) regularly is...

BEFORE THIS PROGRAM, I would have said...
TODAY, my answer is...

8. My knowledge of my child's positive qualities is...

BEFORE THIS PROGRAM, I would have said...
TODAY, my answer is...

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