**I am a Resident:** circle (yes) (no)

 **I am a partner/spouse of a resident:** circle (yes) (no)

I am a family member of a resident: circle (yes) (no)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Strongly Agree** | **Agree** | **Neutral** | **Disagree** | **Strongly Disagree** |
| 1. I understand the demands of residency
 |  |  |  |  |  |
| 1. I sometimes try to understand my loved one better by imagining how things look from their perspective
 |  |  |  |  |  |
| 1. I get support from my family member in ways that are helpful to me
 |  |  |  |  |  |
| I would be interested in attending a workshop on the following topics |  |  |  |  |  |
| 1. Communicating effectively in relationships
 |  |  |  |  |  |
| 1. Staying connected while managing work and family demands
 |  |  |  |  |  |
| 1. Demands of residency and its effect on couple/family relationships
 |  |  |  |  |  |
| Please circle the time(s) during which it would be easiest for you to attend a workshop | Morning | Noon (lunch) | Afternoon | Evening | Weekends |