

CAREGIVER SUPPORT AND SATISFACTION SURVEY

Version: September 14, 2000

Hello [CAREGIVER'S NAME]. My name is [INTERVIEWER'S NAME] of the [AGENCY'S NAME]. We are conducting a survey to find out how we can help to meet the needs of caregivers and seniors being served by [AGENCY'S NAME]. We got your name from [AGENCY'S NAME]. Your name is listed as someone who currently provides care for [CLIENT'S NAME]. Is this correct? ____ ***(If NO, terminate this interview.)*** Good.

This survey typically takes 20 to 25 minutes. You may be more comfortable answering these questions if you are NOT currently in the presence of the person you are caring for. Is this a good time for you?

(If NO) What is another time that is better for you? *(Get time and phone number where they can be reached. Terminate interview.)*

(If YES) Now, let's begin the caregiver survey.

Office Use Only:

1 of 9

Client ID: _____

Caregiver ID: _____

Date: _____

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First, I will ask you some questions about the services that [CLIENT'S NAME] is receiving from [AGENCY'S NAME] and/or other agencies. We are interested in your experiences with the services during the last 6 months.

Interviewer: Complete each row first before moving onto next row. Place a checkmark in the appropriate box. First ask if the client received the indicated service, if they answer YES immediately follow-up with Part B, a rating of the service. Do this for each service type.

A. Does [CLIENT'S NAME] receive the following service?			B. How would you rate the quality of the service?				
			Excellent	Very Good	Good	Fair	Poor
	YES	NO					
1) Respite Care (At-home daycare)							
2) Adult Daycare (Center-provided daycare)							
3) Case Management							
4) Homemaker Service							
5) Home Health Aide							
6) Home Delivered Meals							
7) Grocery Service							
8) Transportation Service							

Next, I will ask you some questions about the services that you may be receiving from [AGENCY'S NAME] and/or other agencies.

A. Did you receive the following service?			B. How would you rate the quality of the service?				
			Excellent	Very Good	Good	Fair	Poor
	YES	NO					
9) Caregiver Counseling							
10) Caregiver Training or Education							
11) Caregiver Support Groups							

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Now, I'd like to ask you some overall questions about these services.

12) Overall, how satisfied are you with the services that [CLIENT'S NAME] receives? Would you say...

- Very satisfied
- Somewhat satisfied
- Somewhat dissatisfied
- Very dissatisfied

13) To what extent do the services that you and/or [CLIENT'S NAME] receive help you to be a better caregiver? Would you say...

- They help a lot
- They help a little
- They don't help
- They make things worse

14) Have the services you and/or [CLIENT'S NAME] received enabled you to provide care for [CLIENT'S NAME] for a longer time than would have been possible without these services? Would you say ...

- Yes, definitely
- Yes, I think so
- No, I don't think so
- No, definitely not

15) How have the services that you and/or [CLIENT'S NAME] received affected you and your caregiving tasks?

16) Besides the services that [CLIENT'S NAME] is now receiving, what other kinds of **help** would be valuable to you as a caregiver? (*Read list and check all that apply.*)

- Help with housekeeping
- Help with shopping
- Help with transportation, getting places
- Help with making meals
- Help with bathing, dressing, grooming, toileting, feeding, other personal care
- Help with medicines (administering, side effects, etc.)
- Help with getting other family members involved in caring for [CLIENT'S NAME]
- Financial support
- Respite care or adult daycare for [CLIENT'S NAME]
- Tax break, stipend, government subsidy
- Other (SPECIFY) _____
- None

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17) What other kinds of **information** would be valuable to you as a caregiver? (*Read list and check all that apply.*)

- Help line (central place to call to find out what kind of help is available/where to get it)
- Someone to talk to/counseling/support group
- Information about [CLIENTS' NAME]'s condition or disability
- Information about developments or changes in laws which might affect your situation
- Help in understanding how to select a nursing home/group home/other care facility
- Help in understanding how to pay for nursing homes, adult day care, or other services
- Help in dealing with agencies (bureaucracies) to get services
- Other (SPECIFY) _____
- None

Next, we are interested in your experiences as a caregiver for [CLIENT'S NAME].

18) I'm going to read you several activities that some people need help with. Please tell me if you have helped [CLIENT'S NAME] with any of these in the past month:

- | | |
|----------------------------------------------------------------------------------------|----------------------------------------------------------|
| Helped him/her dress, eat, bathe, or get to the bathroom? ^{18a} | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Helped with medical needs such as taking medicine or changing bandages? ^{18b} | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Helped him/her keep track of bills, checks, or other financial matters? ^{18c} | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Helped by preparing meals, doing laundry, or cleaning the house? ^{18d} | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Helped by taking him/her shopping or to the doctor's office? ^{18e} | <input type="checkbox"/> Yes <input type="checkbox"/> No |

19) Do any agencies, family members or friends help you get time off or relief from the responsibility of caring for [CLIENT'S NAME]?

- Yes No (*Skip to Q. 20*)

19a. About how many times per month does someone else take over for you? _____

19b. On average, about how many hours do you get off when someone else takes over? _____

19c. Is this enough relief for you? Yes No

20) How many other family members or friends provide unpaid care for [CLIENT'S NAME]? _____

(If zero on question 20, skip to 22.)

21) Thinking about all the family members or friends who provide unpaid care for [CLIENT'S NAME], what proportion of the care do **you** provide? Would you say . . .

- A little
- More than a little (but less than one-half)
- About half
- More than one-half (but not nearly all)
- Nearly all
- All

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22) On a typical 24-hour **week** day, how many hours do you provide care for [CLIENT'S NAME] in person? _____ *hrs/day*

23) On a typical 24-hour **weekend** day, how many hours do you provide care for [CLIENT'S NAME] in person? _____ *hrs/day*

24) What is your current employment status?

- Working full time
- Working part time
- Retired
- Not working

25) Because of providing care for [CLIENT'S NAME], have you:

(Read list and check all that apply.)

- Stopped working
- Retired early
- Taken a less demanding job
- Changed from full time to part time work
- Reduced your official working hours
- Lost some of your employment fringe benefits
- Had time conflicts between working and caregiving
- Used your vacation time to provide care
- Taken a leave of absence to provide care
- Lost a promotion
- Taken off early or got in late to provide care for [CLIENT'S NAME]

If Took off early or got in late, How many hours of work did you miss last month? _____

- Other (SPECIFY) _____
- None

26) How often does being a caregiver for [CLIENT'S NAME] provide companionship for you? Would you say ...

- Never Rarely Sometimes Quite Frequently Nearly Always

27) How often does being a caregiver provide you with a sense of accomplishment?

- Never Rarely Sometimes Quite Frequently Nearly Always

28) How often does providing care for [CLIENT'S NAME] give you the satisfaction of caring for someone who cared for you? Would you say ...

- Never Rarely Sometimes Quite Frequently Nearly Always

29) As a caregiver, how often do you feel that you are helping your family?

- Never Rarely Sometimes Quite Frequently Nearly Always

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30) How often do you feel that [CLIENT'S NAME] appreciates the care that you are providing for them?

- Never Rarely Sometimes Quite Frequently Nearly Always

31) Does providing care for [CLIENT'S NAME] have any other positive benefits or rewards for you?

- Yes No

31a. **If YES**, please describe:

32) In your experience as a caregiver, what would you say is the most positive aspect of caregiving? (*Read list. Check only one.*)

- Companionship
 A sense of accomplishment
 Caring for someone
 Helping you family
 Being appreciated
 Other (SPECIFY) _____
 None

33) How often does providing care for [CLIENT'S NAME] create a financial burden for you? Would you say...

- Never Rarely Sometimes Quite Frequently Nearly Always

34) How often does caregiving leave you with not enough time for yourself?

- Never Rarely Sometimes Quite Frequently Nearly Always

35) How often does caregiving leave you with not enough time for your family?

- Never Rarely Sometimes Quite Frequently Nearly Always

36) How often does caring for [CLIENT'S NAME] interfere with your work? Would you say ...

- Never Rarely Sometimes Quite Frequently Nearly Always

37) How often does caring for [CLIENT'S NAME] affect your relationships with your family members in a negative way?

- Never Rarely Sometimes Quite Frequently Nearly Always

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38) How often does caregiving interfere with your personal needs for privacy?

- Never Rarely Sometimes Quite Frequently Nearly Always

39) How often does caregiving create problems in your social life?

- Never Rarely Sometimes Quite Frequently Nearly Always

40) How often does caregiving create stress for you?

- Never Rarely Sometimes Quite Frequently Nearly Always

41) Does providing care for [CLIENT'S NAME] have any other negative effects or burdens for you?

- Yes No

41a. *If YES*, please describe:

42) Which of the following has been the biggest difficulty you have faced in caring for [CLIENT'S NAME]? (*Read list. Check only one.*)

- The financial burden
 Not enough time for yourself
 Not enough time for your family
 Interferes with your work
 Affects your family relationships
 Interferes with your privacy
 Conflicts with your social life
 Creates stress
 Other (SPECIFY) _____
 None

Next, I would like to ask you some background questions.

43) What is your relationship to [CLIENT'S NAME]? Are you his or her ...

- | | |
|-------------------------------------------------|-----------------------------------|
| <input type="checkbox"/> Husband | <input type="checkbox"/> Wife |
| <input type="checkbox"/> Son | <input type="checkbox"/> Daughter |
| <input type="checkbox"/> Father | <input type="checkbox"/> Mother |
| <input type="checkbox"/> Brother | <input type="checkbox"/> Sister |
| <input type="checkbox"/> Other relative | |
| <input type="checkbox"/> Friend or neighbor | |
| <input type="checkbox"/> Other (SPECIFY): _____ | |

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44) Do you live in the same house with [CLIENT'S NAME]? Yes No

44a. *If NO*, How far away do you live?

- Less than 20 minutes away
- Between 20 and 60 minutes away
- Between 1 and 2 hours away
- More than two hours away

45) How long have you been caring for [CLIENT'S NAME]? _____ Yrs. _____ Mos.

46) What is the birth dat of [CLIENT'S NAME]? _____

47) (*Don't ask if obvious, just check off.*) What is the gender of [CLIENT'S NAME]? Male Female

48) What is your date of birth? _____

49) (*Don't ask if obvious, just check off*) What is your gender? Male Female

50) What is your race? (*Check only one.*)

- White or Caucasian
- Black or African American
- Asian
- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander

51) Are you of Hispanic origin?

- Yes No

52) What is your highest educational level?

- Less than High School Diploma
- High School Diploma
- Some College
- College Graduate
- Advanced Degree

53) Which of the following categories represents your combined family income during the past 12 months, including money from jobs, social security, retirement income, and public assistance?

- Under \$10,000
- \$10,000-\$14,999
- \$15,000-\$19,999
- \$20,000-\$24,999
- \$25,000-\$29,999
- \$30,000-\$34,999
- \$35,000-\$39,999
- \$40,000+

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54) Where is your home located?

- In a City
- In a Suburban area
- In a Rural area

55) What is your home zip code? _____

56) Which of the following describes your living arrangements? (*Check all that apply*)

- Living Alone
- Living with Spouse
- Living with Children
- Living with Parent(s)
- Living with others

57) Are there any other persons for whom you provide care, such as children, parents, etc.?

- Yes
- No (*Proceed to end of questionnaire*)

57a. *IF YES*, Who are those people? (*Check all that apply*)

- Husband or wife
- Son(s) or daughter(s)
- Father or mother
- Brother(s) or sister(s)
- Other relative(s)
- Friend(s) or neighbor(s)
- Other (SPECIFY): _____

Interviewer: Write total number of other persons cared for, or, if not obvious, ask:

57b. How many persons are you caring for besides [CLIENT'S NAME]? _____(number)

Thank you very much for your time. Your responses have been very helpful to us. We know that this can be a very emotional topic to discuss.

Would you like us to send you information on services available to caregivers? (*Interviewer: Get information on caregivers requiring assistance and pass the names on to your supervisor.*)