

# CAREGIVER SUPPORT AND SATISFACTION SURVEY

Version: August 20, 2001

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 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? \_\_\_ Good. ***(IF NO, terminate this interview.)***

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.

***RECORD TIME INTERVIEW STARTED:*** \_\_\_\_\_

Office Use Only:

1 of 12

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 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 (In-home services)							
2) Respite Care (Adult day services)							
3) Respite Care (Short-term stay in long term care facilities)							
4) Adult Daycare (Center-provided daycare)							
5) Case Management							
6) Homemaker Service							
7) Home Health Aide							
8) Home Delivered Meals							
9) Grocery Service							
10) Chore Service							
11) Transportation Service (includes Assisted Transportation)							

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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					
12) Information about services							
13) Assistance with access to services							
14) Individual Caregiver Counseling							
15) Caregiver Training or Education							
16) Caregiver Support Groups							
17) Other services (not listed above)							

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

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

- Very satisfied ..... 1
- Somewhat satisfied..... 2
- Somewhat dissatisfied ..... 3
- Very dissatisfied..... 4

19) 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 ..... 1
- They help a little..... 2
- They don't help..... 3
- They make things worse ..... 4

20) 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 ..... 1
- Yes, I think so ..... 2
- No, I don't think so ..... 3
- No, definitely not ..... 4

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

22) Besides the kinds or amounts of 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.*)

- A. Help with housekeeping
- B. Help with shopping
- C. Help with transportation, getting places
- D. Help with making meals
- E. Help with bathing, dressing, grooming, toileting, feeding, other personal care
- F. Help with medicines (administering, side effects, etc.)
- G. Help with getting other family members involved in caring for [CLIENT'S NAME]
- H. Financial support
- I. Respite care or adult daycare for [CLIENT'S NAME]
- J. Tax break, stipend, government subsidy
- K. Other (*SPECIFY*) \_\_\_\_\_
- L. None

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23) Besides the kinds or amounts of information that you already have, what other kinds of **information** would be valuable to you as a caregiver? (*Read list and check all that apply.*)

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

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

24) 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: (*Check all that apply.*)

- A. Helped him/her dress, eat, bathe, or get to the bathroom?
- B. Helped with medical needs such as taking medicine or changing bandages?
- C. Helped him/her keep track of bills, checks, or other financial matters?
- D. Helped by preparing meals, doing laundry, or cleaning the house?
- E. Helped by taking him/her shopping or to the doctor's office?

25) A. 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. 26*)

B. About how many times per month does someone else take over for you? \_\_\_\_\_

C. On average, about how many hours do you get off when someone else takes over? \_\_\_\_\_

D. Is this enough relief for you?     Yes     No

26) How many other family members or friends provide unpaid care for [CLIENT'S NAME]? \_\_\_\_\_

(*If zero on Q. 26, skip to Q. 28.*)

27) 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 ..... 1
- More than a little (but less than one-half)..... 2
- About half ..... 3
- More than one-half (but not nearly all) ..... 4
- Nearly all..... 5
- All..... 6

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

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

30) What is your current employment status?

- A. Working full time
- B. Working part time
- C. Retired
- D. Not working

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

*(Read list and check all that apply.)*

- A. Stopped working
- B. Retired early
- C. Taken a less demanding job
- D. Changed from full time to part-time work
- E. Reduced your official working hours
- F. Lost some of your employment fringe benefits
- G. Had time conflicts between working and caregiving
- H. Used your vacation time to provide care
- I. Taken a leave of absence to provide care
- J. Lost a promotion
- K. Taken off work early or got in to work 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? \_\_\_\_\_

- L. Other (*SPECIFY*) \_\_\_\_\_
- M. None

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Please tell me how frequently each of the following happens:	Never	Rarely	Sometimes	Quite Frequently	Nearly Always
32) How often does being a caregiver for [CLIENT'S NAME] provide companionship for you? Would you say ... <i>(Read list)</i>					
33) How often does being a caregiver provide you with a sense of accomplishment?					
34) How often does providing care for [CLIENT'S NAME] give you the satisfaction of caring for someone who cared for you?					
35) As a caregiver, how often do you feel that you are helping your family? Would you say ... <i>(Read list)</i>					
36) How often do you feel that [CLIENT'S NAME] appreciates the care that you are providing for them?					

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

- Yes       No

B. *(IF YES)* Please describe:

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

- A. Companionship
- B. A sense of accomplishment
- C. Caring for someone
- D. Helping your family
- E. Being appreciated
- F. Other *(SPECIFY)* \_\_\_\_\_
- G. None

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Please tell me how frequently each of the following happens:	Never	Rarely	Sometimes	Quite Frequently	Nearly Always
39) How often does providing care for [CLIENT'S NAME] create a financial burden for you? Would you say ... <i>(Read list)</i>					
40) How often does caregiving leave you with not enough time for yourself?					
41) How often does caregiving leave you with not enough time for your family?					
42) How often does caring for [CLIENT'S NAME] interfere with your work?					
43) How often does caring for [CLIENT'S NAME] affect your relationships with your family members in a negative way? Would you say ... <i>(Read list)</i>					
44) How often does caregiving interfere with your personal needs for privacy?					
45) How often does caregiving create problems in your social life?					
46) How often does caregiving create stress for you?					

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

Yes       No

B. *(IF YES)* Please describe:

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

- A. The financial burden
- B. Not enough time for yourself
- C. Not enough time for your family
- D. Interferes with your work
- E. Affects your family relationships
- F. Interferes with your privacy
- G. Conflicts with your social life
- H. Creates stress
- I. Other (*SPECIFY*) \_\_\_\_\_
- J. None

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

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

- A. Husband
- B. Son
- C. Father
- D. Brother
- E. Other relative
- F. Friend or neighbor
- G. Wife
- H. Daughter
- I. Mother
- J. Sister
- K. Other (*SPECIFY*) \_\_\_\_\_

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

B. (*IF NO*) How far away do you live?

- Less than 20 minutes away ..... 1
- Between 20 and 60 minutes away ..... 2
- Between 1 and 2 hours away..... 3
- More than two hours away..... 4

51) How long have you been caring for [CLIENT'S NAME]? \_\_\_\_\_ Yrs. \_\_\_\_\_ Mos.

52) What is the birth date of [CLIENT'S NAME]? \_\_\_\_\_

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

- Male  Female

54) What is your date of birth? \_\_\_\_\_

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

- Male  Female

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56) Are you of Hispanic origin?

- Yes       No

57) What is your race? (*Check all that apply.*)

- A. White or Caucasian  
 B. Black or African American  
 C. Asian  
 D. American Indian or Alaska Native  
 E. Native Hawaiian or Other Pacific Islander  
 F. Other race

58) What is your marital status?

- A. Now married  
 B. Widowed  
 C. Divorced  
 D. Separated  
 E. Never married

59) What is your highest degree or level of school that you have completed?

- Less than High School Diploma ..... 1  
High School Graduate (with Diploma)..... 2  
Some College, no degree ..... 3  
Associate Degree..... 4  
College Graduate..... 5  
Advanced or Professional Degree ..... 6

60) Which of the following categories represents your total household income during the past 12 months, including money from jobs, social security, retirement income, and public assistance? Please include all income from all persons living in this household.

- Under \$8,350 ..... 1  
\$8,351-\$11,250 ..... 2  
\$11,251-\$14,150 ..... 3  
\$14,151-\$17,050 ..... 4  
\$17,051-\$19,950 ..... 5  
\$19,951-\$22,850 ..... 6  
\$22,851-\$25,750 ..... 7  
\$25,751-\$28,650 ..... 8  
\$28,651-\$29,999 ..... 9  
\$30,000-\$34,999 ..... 10  
\$35,000-\$39,999 ..... 11  
\$40,000 or more ..... 12

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61) Where is your home located?

- A. In a City
- B. In a Suburban area
- C. In a Rural area

62) What is your home zip code? \_\_\_\_\_

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

- A. Living Alone
- B. Living with Spouse
- C. Living with Children
- D. Living with Parent(s)
- E. Living with others

B. (*UNLESS LIVING ALONE, ASK:*) How many persons are living in this household, including yourself? \_\_\_\_\_ (number)

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

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

B. (*IF YES*) Who are those people? (*Check all that apply*)

- A. Husband or wife
- B. Son(s) or daughter(s)
- C. Father or mother
- D. Brother(s) or sister(s)
- E. Other relative(s)
- F. Friend(s) or neighbor(s)
- G. Other (*SPECIFY*): \_\_\_\_\_

(*Write total number of other persons cared for, or, if not obvious, ask:*)

C. How many persons are you caring for besides [CLIENT'S NAME]? \_\_\_\_\_(number)

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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?

*(IF YES: Get name and address for sending information.)*

*(Interviewer: Get information on caregivers requiring assistance. Pass the names on to your supervisor.)*

**RECORD TIME INTERVIEW ENDED:** \_\_\_\_\_