

CAREGIVER SUPPORT AND SATISFACTION SURVEY

Version: April 30, 2002

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]. Are you the primary caregiver for [CLIENT'S NAME]?

(IF NO) Who is the primary caregiver for [CLIENT'S NAME]?
(Get information, thank the respondent and terminate the interview.)

Caregiver name: _____
 Can I please have [CAREGIVER'S NAME]'s telephone number? |_|_|_|-|_|_|-|_|_|_|

(IF YES) I would like to ask you some questions about your caregiving activities.

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.)

Day: _____ Time: __:__ AM PM Date: __/__/__
 Telephone number? |_|_|_|-|_|_|-|_|_|_|

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

RECORD TIME INTERVIEW STARTED: _____ AM PM

- 1) What is your relationship to [CLIENT'S NAME]? Are you his or her ...
- | | |
|---|---|
| <input type="checkbox"/> Husband 1 | <input type="checkbox"/> Brother..... 7 |
| <input type="checkbox"/> Wife 2 | <input type="checkbox"/> Sister 8 |
| <input type="checkbox"/> Son 3 | <input type="checkbox"/> Other relative 9 |
| <input type="checkbox"/> Daughter 4 | <input type="checkbox"/> (SPECIFY: _____) |
| <input type="checkbox"/> Father 5 | <input type="checkbox"/> Friend or neighbor..... 10 |
| <input type="checkbox"/> Mother 6 | <input type="checkbox"/> Other 11 |
| | <input type="checkbox"/> (SPECIFY: _____) |

2A) Do you live in the same house with [CLIENT'S NAME]? Yes No

- 2B) **(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

CAREGIVER SUPPORT AND SATISFACTION SURVEY

Version: April 30, 2002

First, I will ask you some questions about the services that you or [CLIENT'S NAME] are 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 for each service type, before moving onto next row. Place a **CHECKMARK** in the appropriate box. First ask if either the caregiver or the client received the indicated service. (Y = Yes, N= No, DK = Don't know)
 If they answer YES, then ask Part B, "Who receives this service?" (CG = Caregiver)
 Follow with Part C, a rating of each service.
 Then ask Part D, "Do you need more of this service than you are now receiving?"
 Do this for each service type.

A. Do you or [CLIENT'S NAME] receive the following service?	Y			N			DK			Client			CG			Both			C. How would you rate the quality of this service?						D. Do you need more of this service?		
	Y	N	DK	Client	CG	Both	Exce-llent	Very Good	Good	Fair	Poor	DK	Y	N	DK												
3) In-home Respite Care services																											
4) Adult day Respite Care services																											
5) Respite Care (Short-term stay in long term care facilities)																											
6) Adult Daycare (Center-provided daycare)																											
7) Case Management																											
8) Homemaker Service																											
9) Home Health Aide																											
10) Home Delivered Meals																											
11) Grocery Service																											
12) Chore Service																											
13) Transportation Service (includes Assisted Transportation)																											
14) Information about services																											
15) Assistance with access to services																											
16) Individual Caregiver Counseling																											
17) Caregiver Training or Education																											
18) Caregiver Support Groups																											
19) Other services (not listed above) (SPECIFY:)																											

CAREGIVER SUPPORT AND SATISFACTION SURVEY

Version: April 30, 2002

20) In addition to the kinds or amounts of services that you and/or [CLIENT'S NAME] are now receiving, what additional or new kinds of **help** would be valuable to you as a caregiver? (*Read list and check all that apply.*) How about...

- 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, tax break, stipend, government subsidy
- I. Respite care or adult daycare for [CLIENT'S NAME]
- J. Money management assistance or financial advice
- K. Other (*SPECIFY:* _____)
- L. None

21) In addition to the kinds or amounts of information that you already have, what additional or new kinds of **information** would be valuable to you as a caregiver? (*Read list and check all that apply.*) How about...

- A. A help line (or 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 changes in laws that 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

Now, I'd like to ask you some overall questions about these services that you or [CLIENT'S NAME] are receiving from [AGENCY'S NAME] and/or other agencies.

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

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

23) 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

CAREGIVER SUPPORT AND SATISFACTION SURVEY

Version: April 30, 2002

28) How many other family members or friends provide unpaid care for [CLIENT'S NAME]? |_|_|
(If zero, skip to Q. 30.)

29) 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

30) On a typical 24-hour **week day**, how many hours do you provide care for [CLIENT'S NAME] in person? [IF NEEDED: Weekdays are Monday through Friday] |_|_| hrs/day

31) On a typical 24-hour **weekend day**, how many hours do you provide care for [CLIENT'S NAME] in person? [IF NEEDED: Weekend days are Saturday and Sunday] |_|_| hrs/day

32) What is your current employment status?

- Working full time (Skip to Q. 34)..... 1
- Working part time (Skip to Q. 34)..... 2
- Retired 3
- Not working 4

33) Were you working when you started providing care for [CLIENT'S NAME]?

- Yes
- No (Skip to Q. 35)

34) 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 of the above

CAREGIVER SUPPORT AND SATISFACTION SURVEY

Version: April 30, 2002

Please tell me how frequently each of the following happens: *(Circle the response)*

	Always or Nearly Always	Quite Frequent -ly	Some- times	Rarely	Never	N/A
35) How often does being a caregiver for [CLIENT'S NAME] provide companionship for you? Would you say ... <i>(Read list, except for N/A)</i>	1	2	3	4	5	9
36) How often does being a caregiver provide you with a sense of accomplishment?	1	2	3	4	5	9
37) How often does providing care for [CLIENT'S NAME] give you the satisfaction of caring for someone who cared for you?	1	2	3	4	5	9
38) As a caregiver, how often do you feel that you are helping your family by caring for [CLIENT'S NAME]? Would you say ... <i>(Read list, except for N/A)</i>	1	2	3	4	5	9
39) How often do you feel that [CLIENT'S NAME] appreciates the care that you are providing for them?	1	2	3	4	5	9

40A) Does providing care for [CLIENT'S NAME] have any other positive benefits or rewards for you?

Yes No

40B) *(IF YES)* Please describe: *(Write response verbatim.)*

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

- Companionship..... 1
- A sense of accomplishment..... 2
- Caring for someone 3
- Helping your family 4
- Being appreciated..... 5
- Other (*SPECIFY:* _____)..... 6
- None 7

CAREGIVER SUPPORT AND SATISFACTION SURVEY

Version: April 30, 2002

Please tell me how frequently each of the following happens:

	Always or Nearly Always	Quite Frequent -ly	Some- times	Rarely	Never	N/A
42) How often does providing care for [CLIENT'S NAME] create a financial burden for you? Would you say ... <i>(Read list, except for N/A)</i>	1	2	3	4	5	9
43) How often does caregiving leave you with not enough time for yourself?	1	2	3	4	5	9
44) How often does caregiving leave you with not enough time for the rest of your family (or your family) ?	1	2	3	4	5	9
45) <i>(Ask only if respondent is working)</i> How often does caring for [CLIENT'S NAME] interfere with your work?	1	2	3	4	5	9
46) How often does caring for [CLIENT'S NAME] affect your relationships with the rest of your family (or your family) in a negative way? Would you say ... <i>(Read list, except for N/A)</i>	1	2	3	4	5	9
47) How often does caregiving interfere with your personal needs for privacy?	1	2	3	4	5	9
48) How often does caregiving create problems in your social life?	1	2	3	4	5	9
49) How often does caregiving create stress for you?	1	2	3	4	5	9

50A) Have your caregiving activities created or worsened any health problems for you?

Yes No

50B) **(IF YES)** Please describe: *(Write response verbatim.)*

CAREGIVER SUPPORT AND SATISFACTION SURVEY

Version: April 30, 2002

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

- Yes No

B. **(IF YES)** Please describe: **(Write response verbatim.)**

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

- The financial burden..... 1
- Not enough time for yourself 2
- Not enough time for your family..... 3
- Interferes with your work..... 4
- Affects your family relationships..... 5
- Interferes with your privacy..... 6
- Conflicts with your social life 7
- Creates stress..... 8
- Other (**SPECIFY:** _____)..... 9
- None10

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

53) How long have you been caring for [CLIENT'S NAME]? |__|__| Mos. |__|__| Yrs.

54) What is the age of [CLIENT'S NAME]? |__|__|__| yrs.

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

- Male Female

56) What is your age? |__|__|__| yrs.

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

- Male Female

CAREGIVER SUPPORT AND SATISFACTION SURVEY

Version: April 30, 2002

58A) Do you have any kind of physical condition or disability that affects the kind of care that you can provide to [CLIENT'S NAME]?

- Yes No

58B) (**IF YES**) What is that condition/problem/disability? (*Write response verbatim.*)

59) Are you of Hispanic origin?

- Yes No

60) 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

61) What is your marital status?

- Now married..... 1
 Widowed 2
 Divorced..... 3
 Separated 4
 Never married..... 5

62) What is your highest educational level?

- Less than High School Diploma..... 1
 High School Diploma..... 2
 Some College, including Associate Degree 3
 Bachelor's Degree..... 4
 Some Post-graduate work or Advanced Degree 5

CAREGIVER SUPPORT AND SATISFACTION SURVEY

Version: April 30, 2002

63) What was the total combined income for all persons in **your household** during the past 12 months, including income from jobs, Social Security, retirement income, public assistance, and all other sources?

- Less than \$5,000 1
- \$5,001 - \$8,500 2
- \$8,501 - \$10,700 3
- \$10,701 - \$13,850 4
- \$13,851 - \$18,250 5
- \$18,251 - \$25,000 6
- \$25,001 - \$35,000 7
- \$35,000 - \$50,000 8
- \$50,001 or more 9

64) Where is your home located?

- In a City 1
- In a Suburban area 2
- In a Rural area 3

65) (**OPTIONAL**) What is your home zip code? |_|_|_|_|_|_|

66A) 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

66B) (**Unless living alone, ask:**) How many family members are living in your household, including yourself? |_|_| (number)

67A) Are there any other persons for whom you provide care, such as children, parents, etc.?

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

67B) (**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. Grandson(s) or granddaughter(s)
- F. Other relative(s)
- G. Friend(s) or neighbor(s)
- H. Other (**SPECIFY:** _____)

67C) (**Write total number of other persons cared for, or, if not obvious, ask:**) How many persons total are you caring for, not counting [CLIENT'S NAME]? |_|_| (number)

CAREGIVER SUPPORT AND SATISFACTION SURVEY

Version: April 30, 2002

Thank you very much for your time. Your responses have been very helpful to us.

[**OPTIONAL:** 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: _____ AM PM