



## Default Question Block

Thank you for participating in the Family Caregiver Navigator Program. Please take a few minutes to provide us with feedback about your experience with the family caregiver navigator. The information you provide will be used to enhance the program. Your feedback is anonymous and your name will not be used when reporting the findings.

Please complete this survey within **seven (7) days**. Thank you for helping us strengthen the Family Caregiver Navigator Program.

Before you begin the survey, here are some things to know:

- We are asking you to fill out a survey that will take approximately 5-10 minutes of your time.
- How do you benefit from taking this survey? There is no direct benefit to you, but by participating you will have the opportunity to put your experiences into the pool of information we are gathering about the Family Caregiver Navigator project.
- This survey is for evaluation purposes-only. Our goals are to better understand the impact of participating in the Family Caregiver Navigator assessment and care planning process.

- Your choice to take this survey is 100% voluntary. You can stop when you want, leave questions blank, and otherwise not even start, if you don't want to.
- We won't use your email address in our analysis of survey results. We won't give it away, sell it to advertisers or send you spam.
- We are real people. Sarah Toevs is the director and Destinie Triplett is a research associate with the Center for the Study at Boise State University.
- If you have any questions or anything else you'd like to share, send an email to [stoevs@boisestate.edu](mailto:stoevs@boisestate.edu) and/or [destinietriplett@boisestate.edu](mailto:destinietriplett@boisestate.edu).
- This survey and analysis process have been approved by the Boise State University Institutional Review Board under Protocol IRB # 186-SB20-242.

Do you wish to continue to the survey?

- Yes
- No

How did you hear about the Family Navigator Program? Check all that apply

- Referred by a healthcare provider
- Referred by someone from a community organization or social service agency
- Referred by a friend/word-of-mouth
- Internet search
- Postcard or flyer
- Radio or online advertisement

Article newspaper or other publication (Senior Blue Book, etc.)

Other

**NOW** that you have had an opportunity to speak with a Family Caregiver Navigator and develop a Care Plan, how confident are you in your ability to:

	Level of Confidence				
	Not at all Confident	Slightly Confident	Somewhat Confident	Fairly Confident	Completely Confident
Identify actions you could take to reduce your stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access resources identified in the care plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Make positive changes in your role as a caregiver	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communicate with others about your needs as a caregiver	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communicate using a web-based meeting tool such as Zoom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Continue to care for your care recipient in their current residence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**NOW** that you have had an opportunity to speak with a Family Caregiver Navigator and develop a Care Plan, how likely are you to:

	Extremely unlikely	Moderately unlikely	Neither likely nor unlikely	Moderately likely	Extremely likely
Use the resources or services identified in your care plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work toward the goals you identified in your care plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recommend the Caregiver Navigator Program to other caregivers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please describe your level of satisfaction with the Caregiver Navigator Program

- Extremely satisfied
- Somewhat satisfied
- Neither satisfied nor dissatisfied
- Somewhat dissatisfied
- Extremely dissatisfied

The following questions ask about your situation **BEFORE** you participated in the Family Caregiver Navigator Program.

**BEFORE** you had an opportunity to speak with a Family Caregiver Navigator and develop a Care Plan, how confident were you in your ability

to:

	Level of Confidence				
	Not at all Confident	Slightly Confident	Somewhat Confident	Fairly Confident	Completely Confident
Identify actions you could take to reduce your stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access resources identified in the care plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Make positive changes in your role as a caregiver	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communicate with others about your needs as a caregiver	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communicate using a web-based meeting tool such as Zoom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Continue to care for your care recipient in their current residence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What year were you born?

What year was the person you care for born?

What is the primary diagnosis of the person you provide care for?

What is your gender:

Male

Female

Other

How has the Family Caregiver Navigator Program impacted your approach to caregiving? What benefit did the service have to you? What changes have occurred as a result of this program? Please be descriptive.

What challenges did you experience in the program? What expectations were not met by the program? Please describe.

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