

PROVIDER ID \_\_\_\_\_

CLIENT ID \_\_\_\_\_

Caregivers: Please complete this form **at the conclusion** of the Respite Program provided by funds from the Lifespan Respite Grant your Provider received

1. How satisfied were you with the respite services you recently received?

Not at all     Slightly     Somewhat     Very     Extremely

2. If given the opportunity, would you apply for respite services again?  Yes  No

3. Did your respite provider talk with you about what kinds of activities you wanted to do during your respite time and help you plan for using that time?  Yes  No

4. If yes, how much do you agree with the following statement: I used my respite plan to do something I enjoyed and felt that the respite was "time well spent"?

Completely Disagree     Disagree a little     Unsure     Agree a little     Completely Agree

**Please circle yes or no to the following questions:**

**During the past week or so, I have....**

<b>1. Had trouble keeping my mind on what I was doing</b>	<b>Yes</b>	<b>No</b>
<b>2. Felt that I couldn't leave my relative/care recipient alone</b>	<b>Yes</b>	<b>No</b>
<b>3. Had difficulty making my own decisions</b>	<b>Yes</b>	<b>No</b>
<b>4. Felt completely overwhelmed</b>	<b>Yes</b>	<b>No</b>
<b>5. Felt useful and needed</b>	<b>Yes</b>	<b>No</b>
<b>6. Felt lonely</b>	<b>Yes</b>	<b>No</b>
<b>7. Been upset that my relative/care recipient has changed so much from their former self</b>	<b>Yes</b>	<b>No</b>
<b>8. Felt a loss of privacy and/or personal time</b>	<b>Yes</b>	<b>No</b>
<b>9. Been edgy or irritable</b>	<b>Yes</b>	<b>No</b>
<b>10. Had crying spells</b>	<b>Yes</b>	<b>No</b>
<b>11. Had sleep disturbed because of caring for my relative/care recipient</b>	<b>Yes</b>	<b>No</b>

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<b>12. Felt strained between work and family responsibilities</b>	<b>Yes</b>	<b>No</b>
<b>13. Had back pain</b>	<b>Yes</b>	<b>No</b>
<b>14. Felt ill</b>	<b>Yes</b>	<b>No</b>
<b>15. Been satisfied with the support my family/friends have given me</b>	<b>Yes</b>	<b>No</b>
<b>16. Found my relative/care recipient's living situation to be inconvenient or barrier to caregiving</b>	<b>Yes</b>	<b>No</b>

SAMPLE