

Date _____

Person Completing the Screen _____

Name of Family Caregiver Surveyed _____

Client ID _____ (program to auto populate) Note: If caregiver has more than one client eligible for Lifespan Respite Subsidy, enter responses in each client's program screen.

The next five questions are being collected as part of a statewide respite evaluation through the Nebraska Department of Health and Human Services and the Lifespan Respite Subsidy Program. An evaluation team is gathering information on health outcome data and impact on employment due to family caregiving responsibilities. Your answers are an important part of the evaluation. These questions are voluntary and you may choose to not answer any or all of them.

Local Respite Network

- Central
- Eastern
- Northern
- Southeast
- Southwest
- Western

In the last six months, have you needed to miss work or be tardy due to unpaid family caregiving responsibilities?

- Maybe
- Yes
- No

If yes, how many days have you missed?

- 1-5 days
- 5-10 days
- 10-15 days

- More than 15 days

Have you ever had 2 years or more in your life when you felt depressed or sad most days, even if you felt OK sometimes?

- Yes
- No

In the last 12 months, have you had 2 weeks or longer when nearly every day you felt sad, empty or depressed for most of the day or you lost interest in most things like work, hobbies and other things you usually enjoy?

- Yes
- No

In the last month, have you had a period of one week or more when nearly every day you felt sad, empty or depressed for most of the day or you lost interest in most things like work, hobbies and other things you usually enjoy?

- Yes
- No

Thank you for your time spent taking this survey. Your response has been recorded.

Mental Health support referral(s) made if any depression question answered yes.

- Yes
- No