

Caregiver Name _____

Patient Name _____

Respite Post -Survey

1. **Since becoming a caregiver AND receiving Respite, what are your concerns? (check all that apply)**

- Becoming exhausted physically or emotionally
- Struggling with balancing time for yourself, friends and/or family
- Becoming overwhelmed with information overload
- Financial difficulties

2. **Since receiving Respite, what concerns do you have? (check all that apply)**

- Quality of care that is given
- Availability of the respite caregiver
- Care recipient reluctant to accept outside help
- Uncomfortable with having someone we don't know in the home
- Amount of respite available

3. **In case of an emergency, do you have a caregiver that can fill in for you?**

- Yes No Please Explain:

Health, Safety, & Well-being

4. **Rate your current health status after receiving Respite services?**

- Excellent Very Good Good Fair Poor

5. **Now, that you have used Respite, how would you rate your current relationship with your client/patient?**

- Excellent Very Good Good Fair Poor

6. **Now that you have a respite voucher, how would you rate your current relationship with others (i.e. partner/spouse/other family members) since becoming a caregiver?**

- Excellent Very Good Good Fair Poor

7. **How do you manage with stress related to caregiving since receiving a voucher? Please explain:**

8. **Do you have enough time to spend doing activities you enjoy (e.g. going to religious services, socializing with others, going out for a meal, reading, gardening, etc.)?**

- Strongly Agree Agree Disagree Strongly Disagree

9. **How much Respite did you receive from this service? (hours per week, one lump sum of X hours, etc)**

10. **Additional comments about the Respite services you would like to share?**