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?