Caregiver Respite Satisfaction Survey

This is a brief survey conducted by Helping Hands of Vegas Valley, Respite program. Its purpose is to identify how and why caregivers access respite services. Respite care provides caregivers with a break or resting period from caregiving for a period of time; care may be given in the home, at adult day centers or at stay communities. Your feedback is invaluable in helping us to continue to provide, improve and expand respite services.

1. How was the respite service of benefit to you and your loved one?
   - ☐ Rest and Relax  ☐ Get out of the house  ☐ Go on vacation  ☐ Work
   - ☐ Other: ______________________________________________________________________

2. Before using this service, were you hesitant to try it? Why or why not?
   - ☐ Yes  ☐ No

3. What led you to try respite care for the first time?
   - ☐ Needed a break  ☐ Personal Health  ☐ Family Emergency  ☐ Vacation/Travel
   - ☐ Other ______________________________________________________________________

4. Was it convenient for you to use the respite service?
   - ☐ Yes
   - ☐ No

5. If using the respite service was not convenient, how do you suggest improving it?
   - ☐ Increase Hours  ☐ More Providers  ☐ Application Process  ☐ Other _____________

6. Would you be open to using respite care again in the future?
   - ☐ Yes
   - ☐ No
   - ☐ Why or why not? ______________________________________________________________________

7. What type of respite care do you typically choose for your loved one?
   - ☐ Adult Day Care  ☐ At Stay Community
   - ☐ In Home Care  ☐ Other (please specify) ______________________________________________________________________

8. How did the care recipient respond to the care they received?
   - ☐ Improved  ☐ Declined  ☐ Unchanged
9. Were there any complications or issues?  
☐ Yes  ☐ No  
If Yes Please explain: ______________________________________________________________

10. Do you prefer to use the respite service during day or night hours?  
☐ Day  ☐ Night

11. What did you do during the time that your loved one was receiving respite?  
☐ Personal Doctor’s Apt  ☐ Time out w/ friends/family  ☐ Vacation  
☐ Rested at Home  ☐ Other________________________________________

11. What amount of time do you typically need respite for?  
☐ A Few Hours  
☐ All Day  
☐ A Couple of day/week  
☐ One or more weeks at a time

12. How did you find out about respite services?  
☐ Internet  
☐ Friend  
☐ Flyer  
☐ Brochure  
☐ Agency  
☐ Other (please specify) _____________________________________________

13. As a caregiver, what are some additional services that would be helpful to you in your caregiving role?  
☐ Support groups  ☐ Resources  ☐ Caregiver Training  ☐ Other__________________

Questions Regarding Provider (Agency)

1. Who was your provider? _________________________________________________

2. Were they on time?  
☐ Yes  ☐ No

3. Would you refer to friends or family?  
☐ Yes  ☐ No

☐ Why or why not? _______________________________________________________

4. Would you use the agency again?  
☐ Yes  ☐ No

☐ Why or why not? _______________________________________________________
5. Ease of Making appointments?

6. Provider Staff:
   - The courtesy of the person who took your call
   - The friendliness and courtesy of the receptionist/scheduler
   - Our ability to return your calls in a timely manner
   - Your ability to contact us after hours
   - Were services provided satisfactory to your required needs?

Questions Regarding Helping Hands of Vegas Valley

Your phone calls answered promptly
Getting advice or help when needed during office hours
Our (HHOVV's) Communication with you:
Our ability to return your calls in a timely manner
Your ability to contact us after hours

Additional Resources:
Were they offered to you?  Yes  No
If yes, did you call them?  Yes  No
Who was it?  
Were you able to receive the additional resources?  Yes  No

IF THERE IS ANY WAY WE CAN IMPROVE OUR SERVICES TO YOU, PLEASE TELL US ABOUT IT: