

Caregiver Name \_\_\_\_\_

Date \_\_\_\_\_

Patient Name \_\_\_\_\_

## 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? \_\_\_\_\_

	Excellent	Very Good	Good	Fair	Poor	Does Not Apply
<b>5. Ease of Making appointments?</b>	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> N/A
<b>6. Provider Staff:</b>						
The courtesy of the person who took your call	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> N/A
The friendliness and courtesy of the receptionist/scheduler	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> N/A
Our ability to return your calls in a timely manner	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> N/A
Your ability to contact us after hours	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> N/A
Were services provided satisfactory to your required needs?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> N/A

## Questions Regarding Helping Hands of Vegas Valley

	Excellent	Very Good	Good	Fair	Poor	Does Not Apply
Your phone calls answered promptly	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> N/A
Getting advice or help when needed during office hours	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> N/A
Our (HHOVV's) Communication with you:	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> N/A
Our ability to return your calls in a timely manner	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> N/A
Your ability to contact us after hours	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> N/A

### 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:**

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