

Pre-Respite Survey – Respite Expansion Grant 2011

1. Were you aware of respite or respite services prior to making this contact? YES NO

If YES, have you received respite services in the past? YES NO

If NO, what prompted you to seek respite now? _____

2. Do you have concerns about receiving respite services? (Check all that apply)

- Care recipient is reluctant to accept outside help
- Uncomfortable with having people we do not know in the home
- No one else can provide care as well as I do
- Other (Please Describe) _____
- No concerns at this time

3. Is there anyone you can call on in an emergency to fill in for you as a caregiver?

YES

NO

MAYBE

4. If care recipient has a chronic disease or condition, how knowledgeable do you feel about this disease or condition?

VERY

SOMEWHAT

NOT AT ALL

NOT APPLICABLE

5. Do you need information, education and/or training about any of the following? (Check all that apply)

- How to care for yourself while caring for others
- How to provide care to an aging individual or a person with a disability
- More information about care recipient's disease/condition
- How to get other family members to help
- Home safety and/or home modifications, or equipment
- Legal and financial issues, powers of attorney, living will
- Other (Please describe) _____
- Long-term care options (insurance and/or other benefits)
- In-home support services
- Short-term respite care in a facility
- Choosing a long-term care facility
- Support groups
- Individual counseling options
- On-line information and supports
- Hands-on skill training for personal care tasks (bathing, grooming, toileting etc.)

6. Do you find care-giving to be stressful? YES NO

Rate your current stress level: LOW MODERATE HIGH

7. Has your relationship with your spouse/partner/other family members been strained due to your care-giving responsibilities? YES NO MAYBE

8. What do you do to cope with the stress related to giving care? Please Describe _____

COMPLETE BOTH SIDES OF SURVEY

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9. Have you found yourself increasing the use of medication or drugs (including over-the-counter medications), smoking, or drinking alcohol to help you manage the stress of your care-giving and other responsibilities?

NEVER RARELY SOMETIMES FREQUENTLY NEARLY ALWAYS

10. I feel (Check all that apply)

- A sense of satisfaction in helping to provide care
- Confident about providing care
- Increased stress when giving care and while also trying meeting other responsibilities
- A sense of obligation to provide care
- My health has suffered because of my involvement with providing care
- My finances are strained because I provide care
- I am not providing care as well as I could or feel I should
- Care-giving is likely to continue indefinitely
- A commitment to provide care as long as I am able

11. Do you have a chronic health condition or have you experienced a recent health crisis of your own?

YES NO NOT SURE

If YES, has your health condition affected your ability to provide care? YES NO

12. Have your care-giving responsibilities contributed to ANY health problems you may have?

YES NO NOT SURE

13. How often have you been able to spend time in the various activities that you enjoy (e.g., going to religious services, socializing with others, going out for a meal) or spending time on hobbies or activities you like to enjoy alone (e.g., reading or gardening)?

NOT AT ALL A LITTLE A LOT

14. Do you feel that if you are able to access respite, it would make a positive difference for you and your family?

YES NO

15. How much do you think you will benefit from receiving respite services?

NOT AT ALL A LITTLE A LOT

16. As you need to identify your own respite provider for this program, do you have anyone in mind?

YES NO MAYBE

17. I feel (Check all that apply)

- Confident about finding/identifying/selecting a respite provider
- Confident about preparing/training a respite provider to give care
- Confident about benefiting from respite and using respite breaks effectively

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