

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 care recipient?**
 Excellent Very Good Good Fair Poor

6. **Now that you have Respite RX, 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 survive with stress related to caregiving? 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 did you spend your time during your Respite break(s)? Please explain**

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

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