

Post-Respite Survey – Respite Expansion Grant 2011

1. Who were the people or programs who delivered respite to you under this grant?

(Check all that apply)

- Family & Friends
- Neighbors & Community Members, including Volunteers from Faith-Based, Social or Service Organizations
- Volunteers/Employees from an In-Home Respite Program
- Volunteers/Employees from a Facility-Based Respite Program
- Professional Care Providers from a Home Healthcare or Personal Care Service Program

(Please Describe) _____

- Professional Care Providers from a Day Care Program, Assisted Living, or Nursing Home Program (Please Describe) _____

- Other (Please Describe) _____

2. Who would you *prefer to use* for respite services in the future, if the option is available?

(Select One Only)

- Family & Friends
- Neighbors & Community Members, including Volunteers from Faith-Based, Social or Service Organizations
- Volunteers/Employees from an In-Home Respite Program
- Volunteers/Employees from a Facility-Based Respite Program
- Professional Care Providers from a Home Healthcare or Personal Care Service Program
- Professional Care Providers from a Day Care Program, Assisted Living, or Nursing Home Program
- Other (Please Describe) _____

3. Regarding the use of respite services, do you feel ...? (Check all that apply)

- More comfortable accepting help from others
- More comfortable having respite workers provide support at home
- More comfortable with respite support outside of home
- That respite workers have provided competent care
- That I should have used respite supports earlier
- Other (Please Describe) _____

4. What was the most difficult responsibility given to you under this grant? (Select One Only)

- Identifying potential respite worker/provider
- Selecting a respite worker/provider
- Hiring a respite worker/provider
- Training a respite worker/provider
- Planning/Scheduling with a respite worker/provider
- Getting respite reimbursement paperwork completed/submitted
- Other (Please Describe) _____

5. Do you now have someone you know you can call on in an emergency to fill in for you as a caregiver?

YES

NO

MAYBE

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6. Have you felt a reduction in care-giving stress? YES NO

Rate your current stress level: LOW MODERATE HIGH

7. What do you do now to cope with stress related to giving care? Please Describe _____

8. How often do you now 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

9. I feel (Check all that apply)

- A sense of relief that someone else is available to provide care
- More confident about asking for help or assistance with care
- More balance in my life in giving care and also trying to take care of myself
- I have regained some enjoyable activities I had lost in caregiving
- I am taking better care of my own health (physically and emotionally) through respite
- Getting respite breaks was worth my time and effort in arranging them
- The quality of the care during respite was competent and adequate for our needs
- I am able to continue in my caregiving role for the foreseeable future
- That the care recipient has benefited from the interaction with the respite worker/provider
- More confident about finding/identifying/selecting a respite provider
- More confident about preparing/training a respite provider to give care
- More confident about how to use respite breaks effectively
- More convinced of the benefits received from respite

10. Has respite allowed you 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 spend time on hobbies or activities you like to enjoy alone (e.g., reading or gardening)?

NOT AT ALL A LITTLE A LOT

11. Has the use of respite made a positive difference to you and your family? YES NO

12. How much benefit came from receiving respite services?

NOT AT ALL A LITTLE A LOT

13. How critical is funding for respite to your continued use of respite supports?

NOT AT ALL A LITTLE A LOT

14. Should we have done anything else to assist you? YES NO
If YES, what would that be?

Please Describe _____

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