



Oklahoma Lifespan Respite Grant Project (Post-Voucher Survey)

County and Zip code: _____

Ethnicity: _____

Gender: _____

This form is for the caregiver to complete after they have received Lifespan Respite Grant services.

1. At the present time, how likely is it that your family member (care receiver) might be placed in a nursing home?

- Very unlikely
- Unlikely
- Not Sure
- Likely
- Very Likely

2. Do you believe that participating in the respite program has increased your independence as a caregiver?

- Strongly Disagree
- Disagree
- Not Sure
- Agree
- Strongly Agree

3. Do you believe that participating in the respite program has increased care receiver's independence?

- Strongly Disagree
- Disagree
- Not Sure
- Agree
- Strongly Agree

4. How many hours a week do you spend caring for your care receiver/family member?

- | | |
|----------------------------------|--------------------------------------|
| <input type="radio"/> 0-3 hours | <input type="radio"/> 12-15 hours |
| <input type="radio"/> 4-7 hours | <input type="radio"/> above 16 hours |
| <input type="radio"/> 8-11 hours | |

5. Aside from the voucher, how much money does your family spend on a hired respite care provider and/or day care a week?

- Help to interact with others
- Spending time away from family/ friend
- Other

12. At the present time, how many hours a week on average do you spend with family members without the care receiver present?

- 0-3 hours
- 4-7 hours
- 8-11 hours
- 12-15 hours
- above 16 hours

13. **During** your actual respite time (from your caregiving), how would you describe your stress level as a result of the respite vouchers?

- Not at all Stressed
- Somewhat Stressed
- Moderately Stressed
- Very Stressed
- Extremely Stressed

14. Do you feel that participation in this respite program has lowered the overall stress level in your family?

- Unlikely
- Not Sure
- Likely

15. Would you be able to have respite if this respite program was unavailable?

- Yes
- No

If yes, please describe how?

16. Sometimes family relationships strain when care needs of a dependent family member become great. Has your relationship with other family members improved due to time you have been relieved of care giving for your family member?

- Not at all
- Somewhat
- Moderately
- Very Much
- Extremely

17. Do other family members assist you with caregiving?

- Yes
- No

18. If yes, how?

- Help with Shopping/ Errands
- Help going for Doctors Appointment
- Help in letting you spend time with family/ friend
- Recreation/Leisure Time
- Other

19. Has the respite voucher program increased your activities inside or outside the home?

- Reading
- Hobbies
- Support groups
- Get together with friends
- Other

20. How would you rate your overall satisfaction with the respite voucher program?

- Extremely satisfied
- Very satisfied
- Moderately satisfied
- Somewhat satisfied
- Not at all satisfied

21. How would you change the respite services that you received to make it a better program?

22. Do you use your full voucher amount?

- Yes No

If no, please explain why?

The time and valuable input you provided to complete this survey is appreciated!
Please CONTACT us at sooner-success@ouhsc.edu or CALL [405-271-5700x47801](tel:405-271-5700x47801)