



Oklahoma Lifespan Respite Grant Program (Pre-Voucher Survey)

Please select the answer that applies.

1. At the present time, without any respite care provided, how likely is it that your family member (care receiver) might be placed in a full time residential care facility?

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

2. Do you believe that participating in the respite program will increase independence as a caregiver?

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

3. Do you believe that participating in the respite program will increase 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?

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

5. At the present time, how much money does your family spend on a hired respite care provider and/or day care a week?

- None
- \$25 or less
- \$50 or less
- \$75 or less
- \$100 or less
- \$125 or less
- \$150 or less
- \$175 or above

6. How many hours a week do you work outside the home?

- None
- 10 hours or less
- 20 hours or less
- 30 hours or less
- 40 hours or less
- More than 40 hours

7. In the last six months, have you missed any hours of work due to your care giving responsibilities?

- Yes
- No

If yes, how many hours on average per week?

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

8. How many hours a week do you engage in community activities and recreation (not work related)?

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

9. How do you plan to spend the extra time available as a result of participating in this respite program?

- Shopping/Errands
- Seeking Employment
- Movie
- Doctors Appointment
- Time with Significant Others
- Dinner
- Recreation/Leisure Time
- Time with Friends
- Other

10. How do you anticipate this extra time provide by respite helping you?

- Shopping/Errands
- Doctors Appointment
- Spending time with family/ friend
- Recreation/Leisure Time
- Other

11. How do you anticipate this extra time helping your care receiver/ family member?

- Help to become independent
- 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. At the present time, how would you rate your stress level as a result of the care giving demands?

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

14. Do you feel that participating in this respite program will lower the overall stress level in your family?

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

15. Sometimes family relationships strain when care needs of a dependent family member become great. Has your relationship with other family members strained due to time you spend care giving for your family member?

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

16. Do other family members assist you with caregiving?

Yes

No

17. If yes, how?

Help with Shopping/ Errands

Help going for doctor's appointment

Help in letting you spend time with family/ friend

Recreation/Leisure Time

Other

18. In what activities, inside or outside the home, do you participate in?

Reading

Hobbies

Support groups

Get together with friends

Other

19. If you live in a rural community, who do you access respite providers?

Relatives living outside of home

Friend

Neighbor

Adult Day Program

Child Care Center

Camp

Other

20. Any additional comments or suggestions?

Please CONTACT us at sooner-success@ouhsc.edu or CALL [405-271-5700x47801](tel:405-271-5700x47801)