

Post-Respite Care Survey

Funds for _____ Respite Program were provided by the NYS Caregiving and Respite Coalition. Please complete this survey concerning your respite experience provided by _____ We value your feedback. All surveys are confidential. We do not need your name on this form.

Please fill it out and return it in the envelope provided. Thank you for your time, we do appreciate your feedback.

1. Have you felt a reduction in care-giving stress because of having respite care?

- Yes No

Please explain:

2. 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) _____

3. How much do you agree with the following statement: I used my respite plan to do something I enjoyed and felt that the respite was “time well spent”?

Completely Disagree

Completely Agree

- | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

4. 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)? Yes No

5. Has the use of respite made a positive difference to you and your family? Yes No

6. If given the opportunity, would you use respite services again? Yes No

7. 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

8. BEFORE receiving respite, how “stressed” were you as a result of caring for your family member?

Low Stress					High Stress				
1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. NOW that you have received respite services, how “stressed” are you as a result of caring for your family member?

Low Stress					High Stress				
1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Do you have someone now you can call on in an emergency to fill in for you as a caregiver? Yes
 No

11. Please indicate your overall level of satisfaction with the respite services you recently received

Completely Dissatisfied				Completely Satisfied		
1	2	3	4	5	6	7
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. Is there anything else that would help you in your caregiver role? Please explain:

Let's finish with some basic background information about you:

What is your 5-digit zip code? _____

Gender: **Female** **Male**

Your Race/Ethnicity: (Check all that apply)

- American Indian/Native Alaskan**
- Asian**
- Black, Non-Hispanic**
- Native Hawaiian/Other Pacific Islander**
- Other Race**
- 2 or More Races**
- White, Not Hispanic**
- Hispanic**

What is your relationship to the person receiving care?

I am the...

- Husband**
- Wife**
- Domestic Partner, including civil union**
- Son/ Son-in-law** **Daughter/Daughter-in-law**
- Sister**
- Brother**
- Grandmother**
- Grandfather**
- Mother**
- Father**
- Other Relative**
- Non-Relative**