

COVERSHEET

Impact of Respite Pre-Survey - CareBreak

(For use with families immediately after match with respite provider)

A. (To be filled in by surveyor from intake form prior to speaking with caregiver)

1. Family Name: _____
2. Child's Name: _____
3. Child's Age: _____ and Date of Birth _____
4. Child's Gender: M / F / Prefer not to answer
5. Child's Disability: _____
6. Level of Disability/Care: Mild Moderate Severe
7. Length of time (in weeks) from intake to match with a respite provider: _____

B. (Information to gather form the caregiver after matching with respite provider)

1. What is your relationship to (_____): _____

2. Are you (_____)’s primary caregiver? Y / N

3. Do you share the care giving responsibility of (_____) with another adult? Y / N

(If specified, record here) _____

4. If yes, does that adult reside in your home? Y / N

(If specified, record here) _____

5. Do you have other children you are responsible to care for under the age of 21 living in your home?

Y / N (How many: #___)

Do you anticipate that they will be participating in the respite with your child with special needs? Y / N

6. Do you have a defined support network? (i.e. extended family, friends, a partner): Y / N

(i.e. people in your life that you feel as though you can call upon; if there was something you needed is there someone you can think of that might be able to help you

(If specified, record here) _____

Are those individuals available / accessible? _____

7. Looking back at the last month, how “stressed” would you say you have been, on average, as a result of caring for your family member:

1	2	3	4	5
Not at All Stressed	Stressed sometimes	Moderately Stressed	Stressed Very Often	Extremely Stressed

8. Prior to starting CareBreak, how do you anticipate spending your time during the respite provision (record below): i.e. do you see yourself running errands, staying at home, finding time for other family members/yourself?

9. Do you receive any other respite resource in addition to CareBreak? Y / N

(i.e. are there any other ways you get a break from caring for your child with a disability – can be any resource the care giver identifies as a ‘relief’)

Please identify: _____

10. Families caring for a child with a disability often experience life style changes that are additional to or magnified as compared to families of children without a disability. These can include financial changes, caregiver health issues, modifications to housing, marital or familial changes, and resilience in themselves and the child's siblings that they didn't know existed.

I'd like you to take a minute to think about your own life in the past 2 months prior to CareBreak starting today. How has your life changed (*Place a checkmark in corresponding box as it pertains to care giver's response, record any additional information below; if needed, makes notes next to checked boxes*)

- | | |
|---|---|
| <input type="checkbox"/> School Changes | <input type="checkbox"/> Marriage/New Intimate Relationship |
| <input type="checkbox"/> Child leaving home | <input type="checkbox"/> Gain a new family member |
| <input type="checkbox"/> Change in living conditions/arrangements | <input type="checkbox"/> Pregnancy |
| <input type="checkbox"/> Change in financial state | <input type="checkbox"/> Increased arguments/fighting |
| <input type="checkbox"/> Change in eating habits | <input type="checkbox"/> Involvement with the law |
| <input type="checkbox"/> Change in health of family member | <input type="checkbox"/> Job Loss |
| <input type="checkbox"/> Personal injury or illness | <input type="checkbox"/> New Job/Change in responsibilities at work |
| <input type="checkbox"/> Change in recreation/social activities | <input type="checkbox"/> Spouse starts or stops working |
| <input type="checkbox"/> Change in sleeping habits | <input type="checkbox"/> Outstanding personal achievement |
| <input type="checkbox"/> Death of a loved one | <input type="checkbox"/> Vacation |
| <input type="checkbox"/> Divorce or Separation | |

11. What else would you like to share about respite or your child, or expectations of the CareBreak respite program?
(*record below*)



COVERSHEET

Impact of Respite Outcomes Post Service Survey – CareBreak

(For use with current families matched with a respite caregiver for approximately 4 -6 months)

A. To be filled in by surveyor prior to speaking with caregiver from Intake Form & Program Information

1. Family Name: _____
2. Child's Name: _____
3. Child's Age: ____ and Date of Birth _____
4. Child's Gender: M / F
5. Child's Disability: _____
6. Level of Disability/Care: Mild Moderate Severe
7. Length of time using CareBreak (*with current volunteer*): _____

Please complete section B9 prior to starting the interview

B. (Information to gather from the caregiver during in person or phone survey)

1. Previously you identified your relationship to (____): _____

2. Are you still (____)'s primary caregiver? Y / N

3. Do you still share the care giving responsibility of (____) with another adult? Y / N

(If specified, record here) _____

4. If yes, does that adult reside in your home? Y / N

(If specified, record here) _____

5. Do you still have other children you are responsible to care for under the age of 21 living in your home? Y / N (How many: #____)

Do they participate in the CareBreak at any time? Y / N

6. Do you have a defined support network? (i.e. extended family, friends, a partner): Y / N

(i.e. people in your life that you feel as though you can call upon; if there was something you needed is there someone you can think of that might be able to help you

(If specified, record here) _____

7. Before you were matched with your CareBreak volunteer, how "stressed" would you say you were as a result of caring for your family member:

1	2	3	4	5
Not at All Stressed	Stressed sometimes	Moderately Stressed	Stressed Very Often	Extremely Stressed

8. When (____) is with their CareBreak volunteer, what types of activities do you do during that time?

(i.e. do you find yourself running errands, staying at home, finding time for other family members/yourself)

9. Prior to starting CareBreak, you anticipated spending your time during the respite provision doing (refer to previously recorded activities) _____

Are the activities you are accomplishing meeting the needs for your respite time? Please explain

10. Do you receive any other respite resource in addition to CareBreak? Y / N
(i.e. are there any other ways you get a break from caring for your child with a disability – *can be any resource the care giver identifies as a 'relief'*)

Please identify: _____

11. *(Review conversationally to the care giver)* Families caring for a child with a disability often experience life style changes that are additional to or magnified as compared to families of children without a disability. These can include financial changes, caregiver health issues, modifications to housing, marital or familial changes, and resilience in themselves and the child's siblings that they didn't know existed.

I'd like you to take a minute to think about your own life prior to CareBreak and now today. *(Pause to allow care giver a moment to think)* How has your life changed since you were matched with your CareBreak volunteer? *(Place a checkmark in corresponding box as it pertains to care giver's response, record any additional information below; if needed, makes notes next to checked boxes)*

- | | |
|---|---|
| <input type="checkbox"/> School Changes | <input type="checkbox"/> Marriage/New Intimate Relationship |
| <input type="checkbox"/> Child leaving home | <input type="checkbox"/> Gain a new family member |
| <input type="checkbox"/> Change in living conditions/arrangements | <input type="checkbox"/> Pregnancy |
| <input type="checkbox"/> Change in financial state | <input type="checkbox"/> Increased arguments/fighting |
| <input type="checkbox"/> Change in eating habits | <input type="checkbox"/> Involvement with the law |
| <input type="checkbox"/> Change in health of family member | <input type="checkbox"/> Job Loss |
| <input type="checkbox"/> Personal injury or illness | <input type="checkbox"/> New Job/Change in responsibilities at work |
| <input type="checkbox"/> Change in recreation/social activities | <input type="checkbox"/> Spouse starts or stops working |
| <input type="checkbox"/> Change in sleeping habits | <input type="checkbox"/> Outstanding personal achievement |
| <input type="checkbox"/> Death of a loved one | <input type="checkbox"/> Vacation |
| <input type="checkbox"/> Divorce or Separation | |

12. Are you receiving your CareBreak in the way that was described to you at intake: 1 visit per week for up to 4 hours over the past 4-6 months? Y / N

13. During the time you have received respite from a CareBreak provider, how would you rate your stress level as a result of caring for your family member:

1	2	3	4	5
Not at All Stressed	Stressed sometimes	Moderately Stressed	Stressed Very Often	Extremely Stressed

14. We want to ensure that the CareBreak program is in fact both meaningful to your child with a disability and providing relief to you as the caregiver(s). This question will help us understand the impact of CareBreak services for your family.

If the CareBreak program was not available, how would your life change or be different: (*record below*)

15. What else would you like to share about respite, your child, or the CareBreak program?
(*record below*)