



Survey #: \_\_\_\_\_

Date Sent: \_\_\_\_\_

## Caregiver Survey

Thank you for taking the time to complete this survey. Your answers will help the Tennessee Respite Coalition evaluate our programs, understand caregivers' needs, and build support for future programs. When answering the questions, consider all respite you receive, even if it wasn't through the TRC. Please return the survey in the enclosed envelope. We appreciate your accuracy and honesty when answering this survey. Thank you again for your time!

1. **How long have you been receiving respite care from this program or any other program?**

- Less than 2 months
- More than 2 months but less than 6 months
- More than 6 months but less than a year
- More than 1 year, but less than 5
- More than 5 years, but less than 10
- 10 years or more

Not at all   Slightly   Moderately   Very   Extremely

2. **Is the amount of time you receive respite care sufficient to meet your needs?**

1   2   3   4   5

3. **Do you have a regular schedule for when you have respite time?**   Yes   No

4. **Are you able to plan ahead for when you get respite time?**   Yes   No

5. **What types of respite do you use now? (In the space provided after each kind of respite, please indicate the number of hours per month that you use that form of respite.)**

- In-Home Respite (Professional): # of hours per month \_\_\_\_\_
- Facility Respite (Nursing home/Hospitalization) # of hours per month \_\_\_\_\_
- In-Home Respite (Friend/Family/Church) # of hours per month \_\_\_\_\_
- Camp # of hours per month \_\_\_\_\_
- Day Care (Adult or Child) # of hours per month \_\_\_\_\_
- Other: \_\_\_\_\_ # of hours per month \_\_\_\_\_

6. **Are you satisfied with the current number of respite hours that you receive?**   Yes   No

7. **Do you feel that you can better care for your loved ones while receiving respite?**   Yes   No

8. **Do you feel that you are in control over how and when you use your respite with the TRC?**   Yes   No

9. **Are you better educated about caregiving and community resources?**   Yes   No

10. **Do you feel better supported through the services of the TRC?**   Yes   No

11. **Are your options for receiving respite appropriate to you and your family member's needs?**   Yes   No

**Please Continue to the Back of This Page**

**Please circle the number that best reflects your answer. Use N/A if the question does not apply to you.**

<b>Before receiving respite...</b>	Not at all	Slightly	Moderately	Very	Extremely	
12. How "stressed" were you as a result of caring for your family member?	1	2	3	4	5	N/A
13. Was your relationship with your spouse/partner in any way strained due to your caregiving responsibilities?	1	2	3	4	5	N/A
14. Was your relationship with other family members in any way strained due to your caregiving responsibilities?	1	2	3	4	5	N/A
15. Was your relationship with your family member needing care in any way strained due to your caregiving responsibilities?	1	2	3	4	5	N/A
16. Did you ever consider placing your family member in some form of out-of-home-living arrangement?	1	2	3	4	5	N/A
17. Did your caregiving responsibilities contribute to any health problems you may have?	1	2	3	4	5	N/A
18. Were you able to engage in self-care?	1	2	3	4	5	N/A
19. Did your caregiving duties interfere with your time available for employment?	1	2	3	4	5	N/A

<b>Now that you are receiving respite...</b>	Not at all	Slightly	Moderately	Very	Extremely	
20. How "stressed" are you as a result of caring for your family member?	1	2	3	4	5	N/A
21. Is your relationship with your spouse/partner in any way strained due to your caregiving responsibilities?	1	2	3	4	5	N/A
22. Is your relationship with other family members in any way strained due to your caregiving responsibilities?	1	2	3	4	5	N/A
23. Is your relationship with your family member needing care in any way strained due to your caregiving responsibilities?	1	2	3	4	5	N/A
24. Are you considering placing your family member in some form of out-of-home-living arrangement?	1	2	3	4	5	N/A
25. Are your caregiving responsibilities contributing to any health problems you may have?	1	2	3	4	5	N/A
26. Are you able to engage in self-care?	1	2	3	4	5	N/A
27. Are your caregiving duties interfering with your time available for employment?	1	2	3	4	5	N/A



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**Please Continue to Next Page**

<b>If respite care ended...</b>	Not at all	Slightly	Moderately	Very	Extremely	
28. How "stressed" would you be as a result of caring for your family member?	1	2	3	4	5	N/A
29. Would your relationship with your spouse/partner become strained due to your caregiving responsibilities?	1	2	3	4	5	N/A
30. Would your relationship with other family members become strained due to your caregiving responsibilities?	1	2	3	4	5	N/A
31. Would your relationship with your family member needing care become strained due to your caregiving responsibilities?	1	2	3	4	5	N/A
32. Would you considering placing your family member in some form of out-of-home-living arrangement?	1	2	3	4	5	N/A
33. Would your caregiving responsibilities contribute to any health problems you may have?	1	2	3	4	5	N/A
34. Would you be able to engage in self-care?	1	2	3	4	5	N/A
35. Would your caregiving duties interfere with your time available for employment?	1	2	3	4	5	N/A

36. **Do you desire to have Respite again?**

Yes                      No

Not at all    Slightly    Moderately    Very    Extremely

37. **Are you satisfied with the services of the TRC?**

1            2            3            4            5

38. **Do you have any suggestions on how we can improve our services?**

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39. **Is there any other information you would like to share regarding your experiences using respite?**

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**Thank you!**

**Please return survey in the envelope provided to:**

TRC

19 Music Square West, Suite J  
Nashville, TN 37203