



# Demographic Information

(Use with form PR1)

Program Entry Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Family ID \_\_\_\_\_

Zip Code \_\_\_\_\_

## Care Recipient Information

Care Recipient A  Male  Female DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Caregiver's relationship \_\_\_\_ Ethnicity \_\_\_\_ Level of care \_\_\_\_

Care Recipient B  Male  Female DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Caregiver's relationship \_\_\_\_ Ethnicity \_\_\_\_ Level of care \_\_\_\_

Care Recipient C  Male  Female DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Caregiver's relationship \_\_\_\_ Ethnicity \_\_\_\_ Level of care \_\_\_\_

### Caregiver's Relationship Code

A = Birth parent

B = Adoptive parent

C = Grandparent

D = Sibling

E = Other kinship care

F = Foster care provider

G = Spouse

H = Son/daughter

I = Other

### Ethnicity Code

A = Native American

B = African American

C = Hispanic

D = Asian

E = Pacific Islander

F = Caucasian

G = Bi-racial

H = Other

*(If there are more than 3 care recipients in the family, please use a separate form)*

## Caregiver Information

### Ethnicity

A = Native American

B = African American

C = Hispanic

D = Asian

E = Pacific Islander

F = Caucasian

G = Bi-racial

H = Other

### Marital Status

A = Married or sharing household with committed partner

B = Single

C = Divorced

D = Widowed

E = Separated

### Housing

A = Own

B = Rent

C = Transitional (shelter, temporarily with friends/relatives)

D = Homeless

### Family income

A = \$0-\$9,999

B = \$10,000-\$19,999

C = \$20,000-\$29,999

D = \$30,000-\$39,999

E = \$40,000-\$49,999

F = \$50,000-\$59,999

G = \$60,000-up

### Education

A = Less than H.S./GED

B = H.S. or GED

C = Some College

D = 4 yr. Degree/ higher



ARCH Evaluation Form PR1 for Planned Respite (Initial Evaluation)

Family ID Number \_\_\_\_\_ Date Questionnaire Completed \_\_\_\_/\_\_\_\_/\_\_\_\_

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

- a) Less than 2 months
b) More than 2 months but less than 6 months
c) More than 6 months but less than a year
d) More than 1 year, but less than 5
e) More than 5 years, but less than 10
f) 10 years or more

Table with 8 columns: Question, Not at all Stressed, Slightly Stressed, Somewhat Stressed, Moderately Stressed, Quite Stressed, Very Stressed, Extremely Stressed. Rows include questions about stress levels before, now, and if care ended.

Sometimes, caregiving responsibilities can cause strain between the caregiver and other family members. Please tell us about your relationship with your spouse/partner. (If the care recipient is not your spouse, or you do not have a spouse/partner, answer "NA" and go to question 4.a) [ ] NA

Table with 8 columns: Question, Not at all, Slightly, Somewhat, Moderately, Quite a bit, Very, Extremely. Rows include questions about relationship strain due to caregiving responsibilities before, now, and if respite ended.



ARCH Evaluation Form PR1 for Planned Respite (Initial Evaluation)

4) Please tell us about your relationship with other family members.

NA

	Not at all	Slightly	Somewhat	Moderately	Quite a bit	Very	Extremely
<b>4a)</b> Before receiving respite, was your relationship with other family members in any way strained due to your caregiving responsibilities?	1	2	3	4	5	6	7
<b>4b)</b> Now that you are receiving respite, is your relationship with your other family members in any way strained due to your caregiving responsibilities?	1	2	3	4	5	6	7
<b>4c)</b> If respite ended, would your relationship with other family members become strained due to your caregiving responsibilities?	1	2	3	4	5	6	7

5) Please tell us about your relationship with your family member needing care.

	Not at all	Slightly	Somewhat	Moderately	Quite a bit	Very	Extremely
<b>5a)</b> Before receiving respite, was your relationship with your family member needing care in any way strained due to your caregiving responsibilities?	1	2	3	4	5	6	7
<b>5b)</b> Now that you are receiving respite, is your relationship with your family member needing care in any way strained due to your caregiving responsibilities?	1	2	3	4	5	6	7
<b>5c)</b> If respite ended, would your relationship with your family member needing care become strained due to your caregiving responsibilities?	1	2	3	4	5	6	7

6) Please tell us about your health in relationship to your caregiving responsibilities. In these questions, “health” includes physical, mental and/or emotional health.

	Not at all	Slightly	Somewhat	Moderately	Quite a bit	Greatly	Extremely
<b>6a)</b> Before respite, did your caregiving responsibilities contribute to any health problems you may have?	1	2	3	4	5	6	7
<b>6b)</b> Now that you are receiving respite, do your caregiving responsibilities contribute to any health problems you may have?	1	2	3	4	5	6	7
<b>6c)</b> If respite were to end, would your caregiving responsibilities contribute to any health problems you may have?	1	2	3	4	5	6	7



ARCH Evaluation Form PR1 for Planned Respite (Initial Evaluation)

7) Please tell us about your opportunities and time to engage in social/recreational activities of your choice.

	Not at all	Slightly	Somewhat	Moderately	Quite	Very	Extremely
<b>7a)</b> Before respite, were your opportunities and time to engage in social/recreational activities of your choice sufficient?	1	2	3	4	5	6	7
<b>7b)</b> Now that you are receiving respite, are your opportunities and time to engage in social/recreational activities of your choice sufficient?	1	2	3	4	5	6	7
<b>7c)</b> If respite were to end, would your opportunities and time to engage in social/recreational activities of your choice be sufficient?	1	2	3	4	5	6	7

**8a)** On average, how many hours of respite do you receive each month? \_\_\_\_\_ Hours per month.

	Not at all	Slightly	Somewhat	Moderately	Quite	Very	Extremely
<b>8b)</b> Is the amount of time you receive respite care sufficient to meet your needs?	1	2	3	4	5	6	7

**8c)** If unsatisfied with the hours of respite you receive, how many would be ideal? \_\_\_\_\_ Hours per month.

	Not at all	Slightly	Somewhat	Moderately	Quite	Very	Extremely
<b>9a)</b> Are your options for receiving respite appropriate to you and your family member's needs (center based, in your home, in the provider's home, at a recreational facility, hospital, camp, etc)?	1	2	3	4	5	6	7

**9b)** If you are not satisfied with your respite options, what would you prefer? \_\_\_\_\_

NA

	Not at all	Slightly	Somewhat	Moderately	Quite	Very	Extremely
<b>10)</b> If your family member expresses or demonstrates an opinion of the respite experience, is it positive? <input type="checkbox"/> NA (no opinion expressed or discernable)	1	2	3	4	5	6	7

**11)** What is the hourly compensation the care provider receives? \$ \_\_\_\_\_ Per hour



ARCH Evaluation Form PR1 for Planned Respite (Initial Evaluation)  
Optional Questions

**12a)** Before receiving respite, had you ever been divorced or separated from a spouse or partner?  Yes  No  NA

**12b)** If you answered “yes” to 12a, was the divorce or separation related in any way to the care of a family member?  Yes  No  Not sure  NA

Answer the following question **only** if you answered “no” to 12a.

	Highly Unlikely	Quite Unlikely	Somewhat Unlikely	Not Sure	Somewhat Likely	Very Likely	Extremely Likely
<b>12c)</b> Before receiving respite, how likely was it that separation or divorce <i>might have</i> occurred in your family? <input type="checkbox"/> NA	1	2	3	4	5	6	7

**13a)** Since you have been receiving respite, have you experienced a divorce or separation from your spouse or partner?  Yes  No  NA

**13b)** If you answered “yes” to Question 13a, was the divorce or separation related in any way to the care of a family member?  Yes  No  Not sure  NA

	Highly Unlikely	Quite Unlikely	Somewhat Unlikely	Not Sure	Somewhat Likely	Very Likely	Extremely Likely
<b>13c)</b> Now that you are receiving respite, how likely is it that separation or divorce might occur in your family? <input type="checkbox"/> NA	1	2	3	4	5	6	7
<b>13d)</b> If respite were to end, how likely is it that a separation or divorce might occur in your family? <input type="checkbox"/> NA	1	2	3	4	5	6	7

**14a)** Before receiving respite, was your family member ever placed in some form of out-of-home living arrangement (such as foster care, nursing home, or other institutional care)?  Yes  No

Answer the following question **only** if you answered “no” to the above question (14a)

	Not at all	Very little	Some	Moderately	Somewhat Seriously	Very Seriously	Extremely Seriously
<b>14b)</b> Before receiving respite, did you ever consider placing your family member in some form of out-of-home living arrangement? (foster care, nursing home care, or other institutional care)?	1	2	3	4	5	6	7



ARCH Evaluation Form PR1 for Planned Respite (Initial Evaluation)

Optional Questions

15a) Since receiving respite, has your family member been placed in some form of out-of-home living arrangement (such as foster care, nursing home care, or other institutional care)?

Yes No

Sometimes out-of-home living arrangement may be desirable or inevitable for a family or family member who receives care. For example, a young adult with disabilities may be happier and more productive living independently or in a supportive living facility or a person's medical needs may become so great that a nursing home placement is the best possible option for caregiver and care recipient.

15b) Would you say that an out-of-home living arrangement is desirable or inevitable for your family member in the foreseeable future (within 12 months)?

Yes No

If you answered "yes" to 15b, skip questions 15c and 15d and go directly to question 16a.

Answer the question below only if you answered "no" to 15b. "Out-of-home living arrangement" refers to foster home, nursing home, or other institutional care

Table with 8 columns: Not at all, Very little, Some, Moderately, Somewhat Seriously, Very Seriously, Extremely Seriously. Rows 15c and 15d.

Table with 8 columns: No risk, Very low risk, Slight risk, Moderate risk, Considerable risk, High risk, Extreme risk. Rows 16a, 16b, and 16c.

Thank you for completing this questionnaire!