

PROVIDER ID _____

CLIENT ID _____

Caregivers: Please complete this form **at the conclusion** of the Respite Program provided by funds from the Lifespan Respite Grant your Provider received

1. How satisfied were you with the respite services you recently received?

Not at all Slightly Somewhat Very Extremely

2. If given the opportunity, would you apply for respite services again? Yes No

3. Did your respite provider talk with you about what kinds of activities you wanted to do during your respite time and help you plan for using that time? Yes No

4. If yes, 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 Disagree a little Unsure Agree a little Completely Agree

Please circle yes or no to the following questions:

During the past week or so, I have....

1. Had trouble keeping my mind on what I was doing	Yes	No
2. Felt that I couldn't leave my relative/care recipient alone	Yes	No
3. Had difficulty making my own decisions	Yes	No
4. Felt completely overwhelmed	Yes	No
5. Felt useful and needed	Yes	No
6. Felt lonely	Yes	No
7. Been upset that my relative/care recipient has changed so much from their former self	Yes	No
8. Felt a loss of privacy and/or personal time	Yes	No
9. Been edgy or irritable	Yes	No
10. Had crying spells	Yes	No
11. Had sleep disturbed because of caring for my relative/care recipient	Yes	No

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12. Felt strained between work and family responsibilities	Yes	No
13. Had back pain	Yes	No
14. Felt ill	Yes	No
15. Been satisfied with the support my family/friends have given me	Yes	No
16. Found my relative/care recipient's living situation to be inconvenient or barrier to caregiving	Yes	No

SAMPLE