Respite Post-Survey

1. Since becoming a caregiver AND receiving Respite, what are your concerns? (check all that apply)
   - Becoming exhausted physically or emotionally
   - Struggling with balancing time for yourself, friends and/or family
   - Becoming overwhelmed with information overload
   - Financial difficulties

2. Since receiving Respite, what concerns do you have? (check all that apply)
   - Quality of care that is given
   - Availability of the respite caregiver
   - Care recipient reluctant to accept outside help
   - Uncomfortable with having someone we don’t know in the home
   - Amount of respite available

3. In case of an emergency, do you have a caregiver that can fill in for you?
   - Yes
   - No
   Please Explain:

Health, Safety, & Well-being

4. Rate your current health status after receiving Respite services?
   - Excellent
   - Very Good
   - Good
   - Fair
   - Poor

5. Now, that you have used Respite, how would you rate your current relationship with your care recipient?
   - Excellent
   - Very Good
   - Good
   - Fair
   - Poor

6. Now that you have Respite RX, how would you rate your current relationship with others (i.e. partner/spouse/other family members) since becoming a caregiver?
   - Excellent
   - Very Good
   - Good
   - Fair
   - Poor

7. How do you survive with stress related to caregiving? Please explain:

8. Do you have enough time to spend doing activities you enjoy (e.g. going to religious services, socializing with others, going out for a meal, reading, gardening, etc.)?
   - Strongly Agree
   - Agree
   - Disagree
   - Strongly Disagree

9. How did you spend your time during your Respite break(s)? Please explain

10. How much Respite did you receive from this service? (hours per week, one lump sum of X hours, etc)

11. Additional comments about the Respite services you would like to share?