Washington Co. Family Caregiver Satisfaction Survey

Help us maintain a high quality program that serves your needs and the needs of the person in your care by answering these questions. Please return this form in the enclosed self-addressed envelope.

Your zip code: ________________ Your age: _________ Age of the person in care: _________

1. Are you caring for a:
   - Person with Alzheimer’s or Dementia
   - Related child aged 18 and under
   - Adult or child with disability

2. How did you hear about the Washington Co. Family Caregiver Support Program?

__________________________________________________________________________
__________________________________________________________________________

3. How helpful was your contact with the Family Caregiver Support Program?
   - Very helpful
   - Somewhat helpful
   - Not helpful

Comment: ________________________________________________________________
__________________________________________________________________________

4. Our records show that you have received the following services that are marked:
   - Information about services
   - Help from the Family Caregiver case manager to obtain services
   - Paid respite (a relief break from caregiving provided through an agency)
   - A respite stipend to pay my own relief caregiver or facility of my choice
   - Family Caregiver Training (at No Worries In Home Care)
   - Powerful Tools for Caregiver Classes
   - Support Group
   - Individual Counseling
   - Medical Equipment
   - Annual free Caregiver Conference

5. Overall, how would you rate the services you received?
   - Excellent
   - Good
   - Fair
   - Poor

6. If you received respite, how well did it meet your need? Mark all that apply.
   - I received respite when I needed it.
   - The amount of time given was adequate.
   - I needed a longer break.
   - I was comfortable with my respite provider.
   - Other: Please explain. ____________________________________________________
7. Did the Family Caregiver Support services received by you or the person in your care help you to be a better caregiver?

☐ Yes ☐ No

Comment: _______________________________________________________________

________________________________________________________________________

8. Did the services you received help you keep your loved one at home?  ☐ Yes  ☐ No

9. As a caregiver, I am experiencing the following: Mark all that apply.

☐ Feeling like I can't give care much longer  ☐ Depression
☐ Not enough time for myself  ☐ Stress
☐ Not enough time for my family  ☐ Anger
☐ Interference with my work  ☐ Tired
☐ Effects on my family relationships  ☐ Feeling out of control
☐ Interference with my privacy  ☐ Isolated
☐ Conflicts with my social life  ☐ Financial burdens
☐ Strained relations with the person I care for  ☐ Other (describe below)

________________________________________________________________________

________________________________________________________________________

10. As a caregiver, the most important service I could receive is: ________________________

________________________________________________________________________

11. In my role as a caregiver, I find satisfaction in: ____________________________________

________________________________________________________________________

________________________________________________________________________

Your contact information (optional)

Name: ______________________________________________________________

Address: _______________________________________________________________________

City: ___________________________ State: _______ Zip code: _______________________

Phone: ___________________________ Email: ___________________________

PLEASE ADD ME TO YOUR MAILING LIST FOR CAREGIVER EVENTS.  ☐ Yes  ☐ No

Thank you for taking the time to complete this survey. The information you provide will help us make decisions regarding services for the Washington Co. Family Caregiver Support Program. Please call us at 503-846-3089 if we can be of further assistance to you.