

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:

- | | |
|--|--|
| <input type="checkbox"/> Information about services | <input type="checkbox"/> Family Caregiver Training
(at No Worries In Home Care) |
| <input type="checkbox"/> Help from the Family Caregiver case manager to obtain services | <input type="checkbox"/> Powerful Tools for Caregiver Classes |
| <input type="checkbox"/> Paid respite (a relief break from caregiving provided through an agency) | <input type="checkbox"/> Support Group |
| <input type="checkbox"/> A respite stipend to pay my own relief caregiver or facility of my choice | <input type="checkbox"/> Individual Counseling |
| | <input type="checkbox"/> Medical Equipment |
| | <input type="checkbox"/> 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

Not enough time for myself

Not enough time for my family

Interference with my work

Effects on my family relationships

Interference with my privacy

Conflicts with my social life

Strained relations with the person I care for

Depression

Stress

Anger

Tired

Feeling out of control

Isolated

Financial burdens

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.