

Kūpuna Aging in Place Program for Elderly Services Caregiver Support Services Annual Survey

This survey is about the caregiver services that you receive. We are interested in the length of time you have received caregiver services and whether the caregiver services have been helpful. Your answers will help us make sure that the services meet your needs. Participation in the survey is voluntary and you may skip any question. Your answers will be kept confidential and will not influence the services that you receive.

1. Are you still caring for a person age 65 years or older?
 - a. Yes (Go to Question #3)
 - b. No

2. What happened to change your caregiving situation? Select all that apply
 - a. The person you cared for died
 - b. The person you cared for was placed in a nursing home
 - c. The person you cared for was placed in an assisted living facility
 - d. The person you cared for was placed in a family type group home
 - e. The person you cared for is getting help temporarily from a different caregiver
 - f. The person you cared for has a different permanent caregiving arrangement
 - g. The person you cared for got better and no longer needs help
 - h. The needs of the person you cared for exceeded your capacity to help
 - i. Your health status has declined
 - j. Your employment status has changed
 - k. Your family situation has changed
 - l. Other reason

3. How long have you been receiving caregiver services?
 - a. 6 months or less
 - b. More than 6 months, but less than 1 year
 - c. At least 1 year, but less than 2 years
 - d. 2 to 5 years
 - e. More than 5 years

4. What is your relationship to the person you care for? Are you his or her...
 - a. Husband
 - b. Wife
 - c. Brother
 - d. Sister
 - e. Uncle
 - f. Aunt
 - g. Son or Son-in-law
 - h. Grandson
 - i. Daughter or Daughter-in-law
 - j. Granddaughter
 - k. Other relative (not mentioned above)
 - l. Friend or neighbor or another person

5. What kind of services does the person you care for receive? Select all that apply
 - a. Fall prevention education
 - b. Nutrition education
 - c. Home delivered meals
 - d. Transportation assistance
 - e. Home companionship
 - f. Chore services
 - g. Adult day care or Adult day health
 - h. Personal care

6. What kind of caregiver support services have you received? Select all that apply
 - a. Help or information connecting you to services and resources
 - b. Respite Care Services (which allows you a brief break while temporary care is provided either in your home or someplace else)
 - c. Caregiver Training or Education
 - d. Counseling or a Support Group
 - e. Other Supplemental Support Services or Assistance

7. Of the caregiver services you received, which one service was the most helpful? Check only one.
 - a. Help or information connecting you to services and resources
 - b. Respite Care Services
 - c. Caregiver Training or Education
 - d. Counseling or a Support Group
 - e. Other Supplemental Support Services or Assistance

8. As a result of the caregiver services, do you Select all that apply
 - a. Have more time for personal activities
 - b. Feel less stress
 - c. Continue to be able to work
 - d. Have a clearer understanding of how to get services you and the person you care for need
 - e. Know more about the condition or illness of the person you care for
 - f. Feel more confident in providing care to the person you care for

9. Thinking about the caregiver services that you have received; how would you rate these services?
 - a. Excellent
 - b. Very Good
 - c. Good
 - d. Fair
 - e. Poor

10. Would you recommend these services to a friend?
 - a. Yes
 - b. No

11. Have the caregiver support services enabled you to provide care for a longer period of time than would have been possible without these services?
 - a. Yes
 - b. No

12. What recommendations do you have for improving the caregiver services?

Thank you very much for your time and cooperation. Your answers are very important to us in improving the caregiver services.