

## Brief Service Effectiveness and Quality Survey – Caregiver

I am going to ask you a few questions about possible effects of having received caregiver services or services for your loved one, or the care receiver.

As a result of the caregiver and care receiver services, do you...

	Yes	No	UNCERTAIN/ DON'T KNOW
1. Have more time for personal activities?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -8
2. Feel less stress?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -8
3. Have a clearer understanding of how to get the services you and [CARE RECEIVER] need?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -8
4. Know more about {CARE RECEIVER'S} condition or illness?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -8
5. Feel more confident in providing care to [CARE RECEIVER'S NAME]?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -8
6. Believe that the services enable you to provide care longer?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -8
7. Would [CARE RECEIVER'S NAME] have been able to continue to live in the same home if caregiver and/or care receiver services had <b>not</b> been provided?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -8
8. How would you rate the services overall? <b>[READ LIST. CHECK ONLY ONE.]</b>			

Excellent, .....	<input type="checkbox"/>	1
Very good,.....	<input type="checkbox"/>	2
Good,.....	<input type="checkbox"/>	3
Fair, or.....	<input type="checkbox"/>	4
Poor? .....	<input type="checkbox"/>	5
DON'T KNOW.....	<input type="checkbox"/>	-8
Agree	Undecided	Disagree
or		
Strongly Agree	Agree	Undecided
		Disagree
		Strongly Disagree

	Yes	No	UNCERTAIN/ DON'T KNOW
9. Would you recommend the services to friends, neighbors and relatives?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -8

Yes

No

Don't Know

10. From your perspective, how could these services be improved?

**Administrative Issues:**

- a. Fewer rules and regulations ..... 1
- b. Less paperwork ..... 2
- c. More helpful and useful information ..... 3

**Worker Specific Issues:**

- d. Better trained and skilled workers ..... 4
- e. Workers with a more professional attitude ..... 5
- f. Workers come as scheduled ..... 6
- g. Workers arrive on time and stay the full amount of time ..... 7
- h. Workers more respectful ..... 8
- i. Workers more personable and friendly ..... 9

**Service Issues:**

- j. Services provided when needed ..... 10
- k. Same worker each time ..... 11
- l. I could choose the worker ..... 12
- m. More of current service ..... 13

**Other:**

- n. No suggestions to improve ..... 14
- o. Other? ..... 91

(SPECIFY) \_\_\_\_\_

Don't Know ..... -8

## SOCIAL AND EMOTIONAL WELL-BEING MODULE

**These next few questions are about your overall social and emotional well-being.**

1. During an average week, how many days are you in touch by phone, Internet, or in person with a friend, neighbor, or relative who *does not* live with you?

- None  1
- One day  2
- Two days  3
- Three days  4

Note: This is a summary version of a Computer Assisted Telephone Interview (CATI) Survey

Four days	<input type="checkbox"/> 5
Five days	<input type="checkbox"/> 6
Six days	<input type="checkbox"/> 7
Every day	<input type="checkbox"/> 8
Refused	<input type="checkbox"/> -7
Don't know	<input type="checkbox"/> -8

2. Thinking about how often you are in touch with friends, neighbors, and family, is this . . . ?
- 1 Not enough? (Would like to do more)    2 About enough?    3 Too much?    -7 Refused    -8 DK

3. During an average week, how many days do you leave home to go to a movie, sports event, club meeting, class or to attend a place of worship?

None	<input type="checkbox"/> 1
One day	<input type="checkbox"/> 2
Two days	<input type="checkbox"/> 3
Three days	<input type="checkbox"/> 4
Four days	<input type="checkbox"/> 5
Five days	<input type="checkbox"/> 6
Six days	<input type="checkbox"/> 7
Every day	<input type="checkbox"/> 8
Refused	<input type="checkbox"/> -7
Don't know	<input type="checkbox"/> -8

4. Regarding your present social activities, do you feel that you are doing . . .

1 Not enough? (would like to do more)    2 About enough?    3 Too much?    -7 Refused    -8 DK

5. In general, how would you describe your emotional wellbeing?

Excellent	<input type="checkbox"/> 1
Very Good	<input type="checkbox"/> 2
Good	<input type="checkbox"/> 3
Fair	<input type="checkbox"/> 4
Poor	<input type="checkbox"/> 5
Refused	<input type="checkbox"/> -7
Don't know	<input type="checkbox"/> -8

6. During the past 30 days, how often have you had difficult or painful feelings such as stress, grief, worry, anger or loneliness?

Always	<input type="checkbox"/> 1
Usually	<input type="checkbox"/> 2
Sometimes	<input type="checkbox"/> 3
Seldom	<input type="checkbox"/> 4
Never	<input type="checkbox"/> 5
Refused	<input type="checkbox"/> 6
Don't know	<input type="checkbox"/> -7

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7. During the past 30 days, to what extent have feelings such as stress, grief, worry, anger or loneliness interfered with your normal social activities with family, friends, neighbors, or groups?

Always	<input type="checkbox"/> 1
Usually	<input type="checkbox"/> 2
Sometimes	<input type="checkbox"/> 3
Seldom	<input type="checkbox"/> 4
Never	<input type="checkbox"/> 5
Refused	<input type="checkbox"/> 6
Don't know	<input type="checkbox"/> -7

## DEMOGRAPHIC MODULE

We are interested in knowing more about the demographic characteristics of our clients. We would appreciate if you would answer a few questions about you. All this information will be kept confidential.

- D1.** What is your gender?

**[RECORD SEX OF RESPONDENT. DON'T ASK IF OBVIOUS]**

MALE .....	<input type="checkbox"/> 1
FEMALE.....	<input type="checkbox"/> 2

- D2.** In what year were you born?

YEAR.....	_ _ _ _
DON'T KNOW.....	<input type="checkbox"/> -8

- D3.** What is your highest education level?

Less than high school Diploma.....	<input type="checkbox"/> 1
High school Diploma .....	<input type="checkbox"/> 2
Some college, including Associate degree.....	<input type="checkbox"/> 3
Bachelor's Degree.....	<input type="checkbox"/> 4
Some post-graduate work or advanced degree .....	<input type="checkbox"/> 5
DON'T KNOW.....	<input type="checkbox"/> -8

- D4.** Are you Spanish, Hispanic or Latino?

YES.....	<input type="checkbox"/> 1
NO.....	<input type="checkbox"/> 2
DON'T KNOW.....	<input type="checkbox"/> -8

- D5.** What is your race? **Check all that apply.**

A. American Indian or Alaskan Native .....	<input type="checkbox"/> 1
B. Asian.....	<input type="checkbox"/> 1
C. Black or African-American.....	<input type="checkbox"/> 1
D. White/Caucasian .....	<input type="checkbox"/> 1
E. Native Hawaiian/Other Pacific Islander .....	<input type="checkbox"/> 1
F. Other Race .....	<input type="checkbox"/> 1
G. DON'T KNOW.....	<input type="checkbox"/> -8

**D6.** What is your marital status?

- |                    |                          |   |
|--------------------|--------------------------|---|
| Now married .....  | <input type="checkbox"/> | 1 |
| Widowed .....      | <input type="checkbox"/> | 2 |
| Divorced.....      | <input type="checkbox"/> | 3 |
| Separated.....     | <input type="checkbox"/> | 4 |
| Never Married..... | <input type="checkbox"/> | 5 |
| DON'T KNOW.....    | <input type="checkbox"/> | 6 |

**D7.** Where is your home located? Would you say...

- |                              |                          |    |
|------------------------------|--------------------------|----|
| In a City,.....              | <input type="checkbox"/> | 1  |
| In a Suburban Area, or ..... | <input type="checkbox"/> | 2  |
| In a Rural area? .....       | <input type="checkbox"/> | 3  |
| DON'T KNOW.....              | <input type="checkbox"/> | -8 |

**D8.** We'd like to ask about who lives in your household. Do you...

Yes      No

- |  |                            |                            |
|--|----------------------------|----------------------------|
| A. Live alone?   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| B. Live with your spouse?                                  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| C. Live with your children?                                | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| D. Live with other relatives?                              | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| F. Live with domestic partner?                             | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| E. Live with non-relatives other than<br>domestic partner? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

**D9.** How many people live in your household, including yourself?

NUMBER OF HOUSEHOLD MEMBERS ..... |\_\_|  
DON'T KNOW .....  -8

**D10.** Which category best describes your total gross household annual income for the last 12 months? Would you say...

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\$5,000 or less.....	<input type="checkbox"/>	1
\$5,001 - \$10,000.....	<input type="checkbox"/>	2
\$10,001 - \$20,000 .....	<input type="checkbox"/>	3
\$20,001 - \$30,000, .....	<input type="checkbox"/>	4
\$30,001 - \$40,000, .....	<input type="checkbox"/>	5
\$40,001 - \$50,000, .....	<input type="checkbox"/>	6
\$50,001 - \$75,000, or.....	<input type="checkbox"/>	7
Over \$75,000?.....	<input type="checkbox"/>	8
REFUSED.....		-7
DON'T KNOW.....		-8

**Thank you!**