

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

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 not been provided?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> -8
8. How would you rate the services overall? [READ LIST. CHECK ONLY ONE.]			
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			

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	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

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- Four days 5
- Five days 6
- Six days 7
- Every day 8
- Refused -7
- Don't know -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 1
- One day 2
- Two days 3
- Three days 4
- Four days 5
- Five days 6
- Six days 7
- Every day 8
- Refused -7
- Don't know -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 1
- Very Good 2
- Good 3
- Fair 4
- Poor 5
- Refused -7
- Don't know -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 1
- Usually 2
- Sometimes 3
- Seldom 4
- Never 5
- Refused 6
- Don't know -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 1
- Usually 2
- Sometimes 3
- Seldom 4
- Never 5
- Refused 6
- Don't know -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 1
- FEMALE..... 2

D2. In what year were you born?

- YEAR..... |_|_|_|_|
- DON'T KNOW -8

D3. What is your highest education level?

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

D4. Are you Spanish, Hispanic or Latino?

- YES 1
- NO..... 2
- DON'T KNOW -8

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

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

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D6. What is your marital status?

- Now married 1
- Widowed..... 2
- Divorced..... 3
- Separated..... 4
- Never Married..... 5
- DON'T KNOW..... 6

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

- In a City,..... 1
- In a Suburban Area, or 2
- In a Rural area? 3
- DON'T KNOW..... -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 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. 1
- \$5,001 - \$10,000..... 2
- \$10,001 - \$20,000 3
- \$20,001 - \$30,000, 4
- \$30,001 - \$40,000, 5
- \$40,001 - \$50,000, 6
- \$50,001 - \$75,000, or..... 7
- Over \$75,000?..... 8
- REFUSED..... -7
- DON'T KNOW -8

Thank you!