

# Rural Resort Region Caregiver Survey

Please select the response (by circling the number or checking the box) that most closely represents your opinion for each question. Your responses are anonymous and will be reported in group form only.

1. For how many people who have a long-term illness or disability do you provide regular assistance to?

\_\_\_\_\_

If you provide care for more than one person, please focus on the person for whom you provide the most assistance.

2. What is your relationship to this person?

- Spouse
- Partner
- Parent
- Adult child
- Grandchild
- Other relative
- Friend
- Neighbor
- Other \_\_\_\_\_

3. What is the age of this person? \_\_\_\_\_

4. During a typical week, about how many hours do you spend providing care to this person? \_\_\_\_\_

5. What kind of help do you give this person? Do you give...

	Yes	No
Personal care (bathing, dressing, using the toilet, getting in and out of the bath, feeding, etc.).....	1	2
Housekeeping (such as help with meal preparation, cleaning, laundry).....	1	2
Transportation .....	1	2
Shopping and errands.....	1	2
Supervision for safety .....	1	2
Medication management .....	1	2
Money management .....	1	2
Other (please specify) _____ .....	1	2
Other (please specify) _____ .....	1	2

6. How long have you been helping this person with this care?

- \_\_\_\_\_ days
- \_\_\_\_\_ weeks
- \_\_\_\_\_ months
- \_\_\_\_\_ years

7. Caregivers may face a number of difficulties providing care. Please list the biggest challenge you have providing care?

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8. In the past 12 months, how much of a problem, if any, have the following issues been for you as a caregiver?

	Major problem	Moderate problem	Minor problem	No problem	Don't know
Not having enough time for yourself.....	1	2	3	4	5
Not having enough time for your family .....	1	2	3	4	5
Not having enough time for social activities .....	1	2	3	4	5
Not receiving enough emotional support .....	1	2	3	4	5
The financial burden.....	1	2	3	4	5
Interference with your work (employment).....	1	2	3	4	5
Creating or aggravating your health problems.....	1	2	3	4	5
Feeling stressed out.....	1	2	3	4	5
Needing more medical information or training.....	1	2	3	4	5
Needing help with prescription medication .....	1	2	3	4	5
Feeling like you should be doing more for the person for whom you provide care .....	1	2	3	4	5
Feeling like you could do a better job in caring for the person for whom you provide care .....	1	2	3	4	5
Availability of transportation.....	1	2	3	4	5
Not having enough information about services available in your community .....	1	2	3	4	5
Availability of health care services/medical care .....	1	2	3	4	5
Quality of health care services/medical care .....	1	2	3	4	5
Availability of home health care assistance .....	1	2	3	4	5
Quality of home health care assistance.....	1	2	3	4	5
Cost of home health care assistance .....	1	2	3	4	5

9. How often, if ever, during the past 12 months, did the person you care for receive any help from any of the following:

	0 times	Less than once a month	Monthly	Weekly	Daily	Don't know
An aide or nurse hired through an agency or service (private pay) .....	1	2	3	4	5	6
An aide or a nurse hired independently (private pay).....	1	2	3	4	5	6
An aide or nurse hired through an agency or service (paid by insurance, grants, etc.) .....	1	2	3	4	5	6
An aide or a nurse hired independently (paid by insurance, grants, etc.) .....	1	2	3	4	5	6
A care companion .....	1	2	3	4	5	6
A housekeeper hired to clean or cook.....	1	2	3	4	5	6
Unpaid help (other family or friends) .....	1	2	3	4	5	6

**10. How likely or unlikely is it that you, the caregiver, would need the following types of services or community support to keep providing care for this person to help keep him/her living in the community?**

	Very likely	Somewhat likely	Somewhat unlikely	Very unlikely	Don't know
Adult day care.....	1	2	3	4	5
Support groups.....	1	2	3	4	5
Counseling.....	1	2	3	4	5
Alzheimer's disease education/training.....	1	2	3	4	5
Education/trainings on hand-on caregiving skills.....	1	2	3	4	5
Stress management.....	1	2	3	4	5
Information and referral/assistance.....	1	2	3	4	5
Legal assistance (power of attorney, wills, care recipient healthcare decisions).....	1	2	3	4	5
Financial support.....	1	2	3	4	5
Assistive devices (grab bars, wheel chairs, walkers, etc.).....	1	2	3	4	5
Home modification.....	1	2	3	4	5
Medical transportation.....	1	2	3	4	5
Non-medical transportation.....	1	2	3	4	5
In-home respite care (time off) during normal business hours.....	1	2	3	4	5
In-home respite care (time off) during evenings.....	1	2	3	4	5
In home respite care (time off) overnight.....	1	2	3	4	5
Institutional respite stays.....	1	2	3	4	5
Emergency respite services.....	1	2	3	4	5
Corporate eldercare (employer assistance to family caregivers).....	1	2	3	4	5
Internet or web-based monitoring technology to support caregiving.....	1	2	3	4	5
Emergency response systems (Lifeline, Medical alert for care recipients) ...	1	2	3	4	5
Home health care assistance.....	1	2	3	4	5
Help with household errands and tasks.....	1	2	3	4	5
Other.....	1	2	3	4	5

**11. If you were unable to continue with the care you currently provide, who would take your place?**

- Nobody
- Other (please specify) \_\_\_\_\_

**12. If you or someone else could not continue with the care you currently provide, what would most likely happen to the person you care for? (Please select only one response.)**

- Move to senior housing
- Move to assisted living facility
- Move to a nursing home
- Move to live in another area of Colorado
- Move to live in another state
- Other \_\_\_\_\_
- Don't know

Our last questions are about you. Again, all of your responses to this survey are completely anonymous and will be reported in group form only.

**D1. In which county do you live?**

- Eagle County
- Garfield County
- Grand County
- Jackson County
- Lake County
- Pitkin County
- Summit County
- Other \_\_\_\_\_

**D2. How many years have you lived in your community?**

- Less than 1 year
- 1-5 years
- 6-10 years
- 11-15 years
- More than 15 years

**D3. Are you currently employed for pay?**

- No
- Yes, part-time
- Yes, full-time

**D4. In which category is your age?**

- 18-24 years
- 25-34 years
- 35-44 years
- 45-54 years
- 55-64 years
- 65-74 years
- 75-84 years
- 85 years or older

**D5. What is your gender?**

- Female
- Male