As part of the Respite Care Association of Wisconsin’s Caregiver Respite Grant Program, you are required to fill out this brief Satisfaction Survey and submit it to us along after respite services have been rendered. We will not consider any additional requests until a Survey has been submitted. Thank you.

Dear Family Caregiver:

Thank you for participating in the Respite Care Association of Wisconsin’s Caregiver Respite Grant Program. To assess how well the program worked for you, and to plan for future respite services, we ask that you complete the following short Satisfaction Survey and submit it to RCAW after you have received respite services. Your answers may help us receive funding in the future so that we can continue to offer financial assistance to Wisconsin like you who need respite care.

1. Did you use the respite services you had originally requested on your Respite Care Association of Wisconsin’s Caregiver Respite Grant Program Application Form? (Please check one.)
   - □ Yes
   - □ No

   a. If NO, what prevented you from using the respite services you had originally requested on your Application Form?
   __________________________________________________________
   __________________________________________________________

   b. What respite services, if any, did you use instead of the ones you had originally requested on your Application Form?
   __________________________________________________________

2. As a family caregiver, how useful was the Caregiver Respite Grant Program to you? (Please circle your response.)
   - a. Very Useful
   - b. Somewhat Useful
   - c. Not Useful

3. Do you expect to apply again? □ Yes □ No

   Comments: __________________________________________________________

   __________________________________________________________
4. How easy was it to get financial assistance for respite services through the Respite Care Association of Wisconsin’s Caregiver Respite Grant Program? (Please circle your response.)
   a. Very Easy  b. Somewhat Easy  c. Difficult

Comments or Suggestions for Improvement:
____________________________________________________________________________________

5. What did the respite services supported with the Respite Care Association of Wisconsin’s Caregiver Respite Grant Program enable you to do? (Please check all that apply.)
   - Spend time with spouse/significant other
   - Spend time with other family members
   - Participate in social/recreational activities (e.g., attend church, visit with friends)
   - Run errands
   - Complete household tasks
   - Have private time to relax, rest, read, pursue hobbies / interests
   - Participate in physical activities or exercise
   - Go to medical appointments
   Other: ____________________________________________________________

6. Check the top three (3) challenges below that you have as a family caregiver.
   - Financial (respite costs)
   - Feeling overwhelmed
   - Physical, medical, or other health problems (e.g., headaches, back pain)
   - Lack of sleep
   - Depression, anxiety
   - Social isolation
   - Strain on relationship with other family members
   - No challenges
   Other: ____________________________________________________________

7. Check up to three (3) areas below that improved for you as a family caregiver due to respite services you were reimbursed for through this program.
   - Financial relief (respite costs)
   - Feeling less overwhelmed
   - Reduction in physical, medical, or other health problems (e.g., headaches, back pain)
   - More sleep
   - Decreased depression or anxiety
   - Increased social activities
   - Enhanced relationship with other family members
   - No improvement
   Other: ____________________________________________________________

Thank you very much for completing our survey!
Please send this form to:
Respite Care Association of Wisconsin’s Caregiver Respite Grant Program
via e-mail to info@respitecarewi.org, fax to 608-222-2034 or
Mail To: P.O. Box 702, Portage, WI  53901