AGENCY - Wisconsin Respite Survey

Survey Flow

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Standard: Block 1 (14 Questions)
Standard: Block 2 (6 Questions)
Standard: Block 3 (6 Questions)
Standard: Block 4 (4 Questions)
Standard: Block 5 (4 Questions)
Standard: Block 6 (1 Question)
Standard: Block 7 (6 Questions)
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Page Break

Start of Block: Block 1
Q52 Wisconsin Respite Survey for RESPITE AGENCIES
Q53 Do you CURRENTLY PROVIDE respite or related service?
○ Yes (1)
O No (2)
District This Over the control of th
Display This Question: If Do you CURRENTLY PROVIDE respite or related service? = No
Q54 If not, why not?
O Lack of clients (1)
O Lack of staff (2)
O Poor reimbursement rates (3)
C Lack of funding (4)
Other (please describe) (5)
Q15 Is there a WAITLIST to accept new clients?
○ Yes (1)
O No (2)

Q16 WHERE do you provide respite? Select all that apply		
	Home (1)	
	Facility (2)	
	Day center (3)	
	Residential (4)	
	Overnight (5)	
	Camp (6)	
	Other (please describe) (7)	
Q17 How do you determine who is ELIGIBLE to receive respite? Select all that apply		
	Care needs (1)	
	Age (2)	
	Diagnosis (3)	
	Financial needs (4)	
	Insurance (5)	
	Other (please describe) (6)	

Q18 Do you provide TRANSPORTATION during respite?
○ Yes (1)
O No (2)
Q19 Generally, do the caregiver and care recipient for whom you provide respite live in the SAME HOUSEHOLD?
○ Yes (1)
O No (2)
Page Break ————————————————————————————————————

RELATED?	
O Grand	dparent (1)
O Parer	nt (2)
O Siblin	g (3)
O Child	(4)
O Grand	dchild (5)
O Neigh	abor (6)
O Spou	se (7)
O Friend	d (8)
Other	(please describe) (9)
Q21 How do	clients PAY for respite? Select all that apply
	Public (1)
	Private (2)
	Charity (3)
	Other (please describe) (4)

Q20 Generally, how are the caregiver and care recipient for whom you provide respite

Q22 HOW OFTEN do you typically provide respite for a caregiver/care recipient?		
O Set In	terval or set schedule (1)	
O As Ne	eded (2)	
○ Emerç	gency (3)	
Other	(please describe) (4)	
Q56 How did the COVID-19 Pandemic IMPACT your ability to provide respite? Select all that apply.		
	No impact (1)	
	Unable to receive any respite (4)	
	Reduced the amount of respite received (5)	
	Increased the amount of respite received (6)	
	Changed the location of where respite was provided (7)	
	Received respite virtually (i,e, by phone or internet) (8)	
	Other (please describe) (9)	

Q23 HOW LONG do you provide respite per session for a caregiver/care recipient?	
O Less than 4 hours (1)	
O 5-8 hours (2)	
Overnight (3)	
O 1-2 days (4)	
O More than 2 days (5)	
O Budgeted (6)	
Other (please describe) (7)	
Page Break ————————————————————————————————————	

Q24 What BARRIERS did you face in order to provide respite?	
x: Block 1	
k: Block 2	
you RECRUIT respite providers? Select all that apply	
RCAW registry (1)	
Social media (2)	
Craigslist (3)	
School or university (4)	
Job board (5)	
Social or community referral (6)	
Other (please describe) (7)	

Q26 HOW LONG has your agency provided respite?	
O-3 months (1)	
○ 4-6 months (2)	
O 6-12 months (3)	
O 1-2 years (4)	
2-5 years (5)	
O More than 5 years (6)	
Q27 How are your respite providers TRAINED?	
O RCAW's online respite training (1)	
O CNA (2)	
O LPN (3)	
O RN (4)	
Company training (5)	
O Individual training (6)	
Other (please describe) (7)	
Q29 Do respite providers have OPPORTUNITIES TO GROW in the profession?	
○ Yes (1)	
O No (2)	

Q30 What is the PAY rate?
Q31 Do you provide BENEFITS to your respite providers?
○ Yes (1)
O No (2)
End of Block: Block 2
Start of Block: Block 3
Q32 Do your providers MEET with the caregiver and care recipient BEFORE providing respite?
○ Yes (1)
O No (2)
Q33 Do they receive INDIVIDUALIZED TRAINING?
O No (1)
○ Yes (2)
Q34 How does the caregiver and care recipient FEEL BEFORE receiving respite?

Q35 Is there PAPERWORK that needs to be done BEFORE respite happens?	
O No (1)	
O Yes (2)	
Q58 What DATA OR INFORMATION do you collect before respite is provided	
O Demographics (1)	
O Conditions (2)	
O Usage (3)	
O Satisfaction (4)	
O Health outcomes (5)	
Other (please describe) (6)	
Q39 Is your agency LICENSED?	
O Yes, please describe (1)	
O No (2)	
End of Block: Block 3	

Start of Block: Block 4

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Q3	66 What ACTIVITIES do your respite providers do with the care recipient?
	O Relax (1)
	O Self Care (2)
	○ Family Time (3)
	O Medical education (4)
	O Education (5)
	O Housework (6)
	C Employment (7)
	O Medical appointment (8)
	O Errands (9)
	Other (please describe) (10)
Q3	37 WHERE do you provide respite?
	O Stay at home (1)
	Community (2)
	O Camp (3)
	C Facility (4)
	○ Virtual respite in home (5)
	Other (please describe) (6)

Q38 What type of CARES do your respite providers provide during respite?	
○ Companionship (1)	
O (Instrumental) Activity of Daily Living (2)	
O Medical (3)	
O Therapies (4)	
O Nursing level (5)	
Other (please describe) (6)	
Q59 What data or INFORMATION do you collect during respite?	
O Activities (1)	
O Cares (2)	
O Location (3)	
Other (please describe) (4)	
End of Block: Block 4	
Start of Block: Block 5	
Q41 Do your respite providers MEET with the caregiver and care recipient AFTER providing respite?	
○ Yes (1)	
O No (2)	

Q42 How does the caregiver and care recipient FEEL AFTER providing respite?	
Q43 Is there PAPERWORK OR REPORTING that needs to be done after respite happen	s?
○ Yes (1)	
○ No (2)	
Q61 What DATA OR INFORMATION do you collect after respite is provided	
O Demographics (1)	
O Conditions (2)	
○ Usage (3)	
O Satisfaction (4)	
O Health outcomes (5)	
Other (please describe) (6)	
End of Block: Block 5	
Start of Block: Block 6	
Q47 Do you have ANYTHING ELSE you want to share about your respite experience?	
End of Block: Block 6	
Start of Block: Block 7	

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	do you provide services? Select all that apply
	Rural (open country and towns or cities with fewer than 2,500 people) (1)
	Small town or city (towns or cities between 2,500 and 49,000 people) (2)
	Medium city (between 50,000 and 99,000 people) (3)
	Medium-large city (between 100,000 and 250,000 people) (4)
	Large city (over 250,000 people) (5)
Q49 What AG	GES do you serve? Select all that apply
	Infant (0-2 years of age) (1)
	Pediatrics (2-12 years of age) (2)
	Adolescent (13-18 years of age) (3)
	Adolescent (13-18 years of age) (3) Young Adult (18-30 years of age) (4)

Q5	5 What CC	NDITION(S) does your agency serve? Select all that apply			
		Intellectual and developmental disabilities (1)			
		Behavioral/mental health conditions (2)			
		Alzheimer's and Dementia (3)			
		Physical disabilities (4)			
		Complex medical conditions (5)			
		Other (please describe) (6)			
Q50 Do		specific UNDERREPRESENTED GROUPS?			
Catinx (1)					
O Native (2)					
O African American (3)					
O Immigrants (4)					
	O Homeless (5)				
	Other	(please describe) (6)			
Q5 ²	1 For HOV	V MANY people do you provide respite?			

Q52	
Do you offer services in LANGUAGES other than English?	
○ Yes (1)	
O No (2)	
End of Block: Block 7	