

CARE RECIPIENT - Wisconsin Respite Survey

Survey Flow

Standard: Block 1 (14 Questions)
Standard: Block 2 (5 Questions)
Standard: Block 3 (4 Questions)
Standard: Block 4 (3 Questions)
Standard: Block 5 (3 Questions)
Standard: Block 6 (3 Questions)
Standard: Demographics Base/Universal (9 Questions)

Page Break

Start of Block: Block 1

Q54 Wisconsin Respite Survey for CARE RECIPIENTS

Q51 Do you have a legal guardian?

- No (1)
- Yes (2)

Skip To: End of Survey If Do you have a legal guardian? = Yes

Q15 How did you LEARN about respite?

- Aging and Disability Resource Center (ADRC) (1)
 - Case manager (2)
 - Doctor (3)
 - Family or friend (4)
 - Other, please specify (5) _____
-

Q15 Is there a WAITLIST to receive respite?

- Yes (1)
 - No (2)
-

Q16 WHERE does respite take place? Select all that apply

- Home (1)
 - Facility (2)
 - Day center (3)
 - Residential (4)
 - Overnight (5)
 - Camp (6)
 - Other (please describe) (7) _____
-

Q17 How were you determined to be ELIGIBLE to receive respite? Select all that apply

- Care needs (1)
 - Age (2)
 - Diagnosis (3)
 - Financial needs (4)
 - Insurance (5)
 - Other/all (6) _____
-

Q18 Is TRANSPORTATION provided during respite?

- Yes (1)
 - No (2)
-

Q19 Do you live in the SAME HOUSEHOLD as your caregiver?

- Yes (1)
 - No (2)
-

Q20 How are you RELATED to your caregiver?

- Grandparent (1)
 - Parent (2)
 - Sibling (3)
 - Child (4)
 - Grandchild (5)
 - Neighbor (6)
 - Spouse (7)
 - Friend (8)
 - Other (please describe) (9)
-

Q21 How is your respite FUNDED?

- Public (1)
 - Private (2)
 - Charity (3)
 - Other, please specify (4) _____
-

Q22 HOW OFTEN do you receive respite?

- Set Interval or set schedule (1)
 - As Needed (2)
 - Emergency (3)
 - Other (please describe) (4)

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Q58 How did the COVID-19 Pandemic IMPACT your ability to receive 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 receive respite at a time?

- Less than 4 hours (1)
 - 5-8 hr (2)
 - Overnight (3)
 - 1-2 days (4)
 - More than 2 days (5)
 - Budgeted (6)
 - Other (please describe) (7)
-

Q24 What BARRIERS did you face in order to receive respite?

End of Block: Block 1

Start of Block: Block 2

Q25 How do you RECRUIT respite providers? Select all that apply

- RCAW registry (1)
 - Social media (2)
 - Craigslist (3)
 - School or university (4)
 - Social or community referral (5)
 - Job board (6)
 - Other (please describe) (7)
-

Q26 HOW LONG do respite providers stay working for you?

- 0-3 months (1)
- 4-6 months (2)
- 6-12 months (3)
- 1-2 years (4)
- 2-5 years (5)
- >5 years (6)

Q27 How are your respite providers TRAINED?

- RCAW online respite training (1)
 - CNA (2)
 - LPN (3)
 - RN (4)
 - Company training (5)
 - Individual training (6)
 - Other (please describe) (7)
-

Q28 Why do you think respite providers LEAVE?

- Burnout (1)
 - Benefits (2)
 - Wage (3)
 - Graduation (4)
 - Other, please specify (5) _____
-

Q30 What is the PAY RATE?

End of Block: Block 2

Start of Block: Block 3

Q32 Do you MEET with the respite provider BEFORE receiving respite?

Yes (1)

No (2)

Q33 Do you provide the respite provider with INDIVIDUALIZED TRAINING?

No (1)

Yes (2)

Q34 How do you FEEL BEFORE receiving respite?

Q35 Is there PAPERWORK that needs to be done before respite happens?

No (1)

Yes (2)

End of Block: Block 3

Start of Block: Block 4

Q36 What do you DO DURING your respite time? Select all that apply

- Relax (1)
 - Self Care (2)
 - Family Time (3)
 - Medical education (4)
 - Education (5)
 - Housework (6)
 - Employment (7)
 - Medical appointment (8)
 - Errands (9)
 - Other (please describe) (10)
-

Q37 WHERE do you receive respite care?

- Stay at home (1)
 - Community (2)
 - Camp (3)
 - Facility (4)
 - Virtual respite in home (5)
 - Other (please describe) (6)
-

Q38 What type of CARES do you receive during respite? Select all that apply

- Companionship (1)
 - (Instrumental)Activity of Daily Living (2)
 - Medical (3)
 - Therapies (4)
 - Nursing level (5)
 - Other (please describe) (6)
-

End of Block: Block 4

Start of Block: Block 5

Q41 Do you MEET with the respite provider AFTER receiving respite?

- Yes (1)
 - No (2)
-

Q42 How do you FEEL AFTER receiving respite?

Q43 Is there PAPERWORK OR REPORTING that needs to be done after respite happens?

- Yes (1)
- No (2)

Q45 Overall, are your respite NEEDS being MET?

Yes (1)

No (2)

Q46 On a scale of 1-5, how much do you agree with the following questions? 1 being not at all, and 5 being completely

	1 (1)	2 (2)	3 (3)	4 (4)	5 (5)	N/A (6)
I receive the right type of respite (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I receive the right frequency of respite (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I receive the right duration of respite (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My respite is provided in the right location? (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have the right provider (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall, I'm satisfied are you with the respite care I receive (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q47 Do you have anything else you want to share about your respite experience?

End of Block: Block 6

Start of Block: Demographics Base/Universal



Q2 What is your age?

Q3 What is the highest level of school you have completed or the highest degree you have received?

- Less than high school degree (1)
- High school graduate (high school diploma or equivalent including GED) (2)
- Some college but no degree (3)
- Associate degree in college (2-year) (4)
- Bachelor's degree in college (4-year) (5)
- Master's degree (6)
- Doctoral degree (7)
- Professional degree (JD, MD) (8)

Q4 Do you identify as Spanish, Hispanic, or Latinx?

- Yes (1)
 - No (2)
-

Q6 Choose one or more races that you consider yourself to be:

- White (1)
 - Black or African American (2)
 - American Indian or Alaska Native (3)
 - Asian (4)
 - Native Hawaiian or Pacific Islander (5)
 - Other (6) _____
-

Q7 What is your gender?

- Male (1)
 - Female (2)
 - Non Binary (3)
 - Genderfluid (4)
-

Q8 Please indicate your entire household income before taxes.

- Less than \$10,000 (1)
- \$10,000 to \$19,999 (2)
- \$20,000 to \$29,999 (3)
- \$30,000 to \$39,999 (4)
- \$40,000 to \$49,999 (5)
- \$50,000 to \$59,999 (6)
- \$60,000 to \$69,999 (7)
- \$70,000 to \$79,999 (8)
- \$80,000 to \$89,999 (9)
- \$90,000 to \$99,999 (10)
- \$100,000 to \$149,999 (11)
- \$150,000 or more (12)



Q9 What is your ZIP code?



Q12 What condition(s) do you have? 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)
-

Q14 What language do you primarily speak?

- English (1)
- Spanish (2)
- Hmong (3)
- Other, please specify (4) _____

End of Block: Demographics Base/Universal
