

CAREGIVERS - Wisconsin Respite Survey

Survey Flow

Standard: Block 1 (17 Questions)
Standard: Block 2 (7 Questions)
Standard: Block 3 (4 Questions)
Standard: Block 4 (2 Questions)
Standard: Block 5 (3 Questions)
Standard: Block 6 (3 Questions)
Standard: Demographics Base/Universal (10 Questions)

Page Break

Start of Block: Block 1

Q52 Wisconsin Respite Survey for CAREGIVERS

Q54 Have you ever RECEIVED respite?

Yes (1)

No (2)

Display This Question:

If Have you ever RECEIVED respite? = No

Q57 WHY haven't you received respite? Please describe.

Q56 Do you CURRENTLY receive respite?

Yes (1)

No (2)

Q15 How did you LEARN about respite? Select all that apply.

- ADRC (1)
 - Case manager (2)
 - Doctor (3)
 - Family or friend (4)
 - Other (please describe) (5)
-

Q15 Is there a WAITLIST to receive respite?

- Yes (1)
 - No (2)
-

Display This Question:

If Have you ever RECEIVED respite? = Yes

Q16 WHERE does respite take place? Select all that apply.

- Home (1)
 - Respite Facility (2)
 - Day center (3)
 - Camp (6)
 - Church or faith-based institution (8)
 - Other Community Location (9)
 - Other (please describe) (7)
-

Display This Question:

If Have you ever RECEIVED respite? = Yes

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 (please describe) (6)
-

Display This Question:

If Have you ever RECEIVED respite? = Yes

Q18 Is TRANSPORTATION provided to/from or during respite?

Yes (1)

No (2)

Q19 Do you live in the SAME HOUSEHOLD as the primary person you care for?

Yes (1)

No (2)

Q48 Please describe any ADDITIONAL SUPPORT you receive as a caregiver.

Q20 How are you RELATED to the primary person you care for?

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

Display This Question:

If Have you ever RECEIVED respite? = Yes

Q21 How is your respite primarily FUNDED?

- Public/government funded (1)
 - Funded by a non-profit or charitable organization (3)
 - Funded privately/paid out-of-pocket (4)
 - Using Self-directed funds (6)
 - Other (please describe) (7)
-

Display This Question:

If Have you ever RECEIVED respite? = Yes

Q22 How OFTEN do you typically receive respite?

- On a regular basis (i.e. daily, weekly, monthly) (1)
 - As Needed (2)
 - Only on an emergency basis (3)
 - Other (please describe) (4)
-

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 (2)
 - Reduced the amount of respite received (3)
 - Increased the amount of respite received (7)
 - Changed the location of where respite was provided (4)
 - Received respite virtually (i.e, by phone or internet) (5)
 - Other (please describe) (6)
-

Display This Question:

If Have you ever RECEIVED respite? = Yes

Q23 On average, when you received respite, how LONG does it last each time?

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

Q24 What BARRIERS or challenges do you face in order to receive respite?

End of Block: Block 1

Start of Block: Block 2

Display This Question:

If Have you ever RECEIVED respite? = Yes

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)
 - n/a - I do not recruit respite providers (8)
 - Other (please describe) (7)
-

Display This Question:

If Have you ever RECEIVED respite? = Yes

Q26 How long do respite providers typically STAY working for you?

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

Display This Question:

If Have you ever RECEIVED respite? = Yes

Q27 How are your respite providers TRAINED? Select all that apply.

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

Display This Question:

If Have you ever RECEIVED respite? = Yes

Q28 Why do you think respite providers LEAVE? Select all that apply.

- Burnout (1)
 - Poor Benefits (2)
 - Poor Wages (3)
 - Graduate from School and take on another professional role (4)
 - Other (please describe) (5)
-

Display This Question:

If Have you ever RECEIVED respite? = Yes

Q29 Do you feel respite providers have OPPORTUNITIES TO GROW in the profession?

Yes (1)

No (2)

Display This Question:

If Have you ever RECEIVED respite? = Yes

Q30 What is the PAY RATE for your respite providers (if known)?

Display This Question:

If Have you ever RECEIVED respite? = Yes

Q31 Do your respite providers receive any of the following BENEFITS? Select all that apply.

- Health Insurance (1)
 - Life Insurance (2)
 - Paid Time Off/Vacations (4)
 - Paid Holidays (5)
 - Paid Sick Leave (6)
 - Unsure (7)
 - NONE - they do not receive any benefits (8)
 - Other (Please describe) (3)
-

End of Block: Block 2

Start of Block: Block 3

Display This Question:

If Have you ever RECEIVED respite? = Yes

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

- Yes (1)
- No (2)

Display This Question:

If Have you ever RECEIVED respite? = Yes

Q33 Do you typically provide the respite provider with INDIVIDUALIZED TRAINING to meet your care recipient's needs?

No (1)

Yes (2)

Display This Question:

If Have you ever RECEIVED respite? = Yes

Q34 How do you FEEL BEFORE receiving respite?

Display This Question:

If Have you ever RECEIVED respite? = Yes

Q35 Is there PAPERWORK that needs to be done BEFORE you can receive respite?

No (1)

Yes (2)

End of Block: Block 3

Start of Block: Block 4

Display This Question:

If Have you ever RECEIVED respite? = Yes

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

- Relax (1)
 - Sleep/Nap (11)
 - Self Care Activities (take a bath, get a massage, etc.) (2)
 - Spend time with family or friends (3)
 - Receive education to help in my role as a caregiver (4)
 - Attend school (high school, college, etc...) (5)
 - Complete housework (i.e. cleaning, doing dishes, doing laundry, etc...) (6)
 - Work another job for pay (7)
 - Volunteer (12)
 - Attend medical appointments (8)
 - Run Errands (i.e. get groceries, get gas, etc..) (9)
 - Other (please describe) (10)
-

Display This Question:

If Have you ever RECEIVED respite? = Yes

Q38 What type of CARES are done during respite? Select all that apply.

- Companionship Only (1)
 - Assist with Activities of Daily Living (Instrumental) (i.e. bathing, toileting, eating, etc...) (2)
 - Administer medication (3)
 - Administer tube feedings (7)
 - Therapies (PT, OT, Speech) (4)
 - Nursing Cares (5)
 - Other (please describe) (6)
-

End of Block: Block 4

Start of Block: Block 5

Display This Question:

If Have you ever RECEIVED respite? = Yes

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

- Yes (1)
- No (2)

Display This Question:

If Have you ever RECEIVED respite? = Yes

Q42 How do you FEEL AFTER receiving respite?

Display This Question:

If Have you ever RECEIVED respite? = Yes

Q43 Is there PAPERWORK or REPORTING that needs to be done AFTER respite happens?

Yes (1)

No (2)

End of Block: Block 5

Start of Block: Block 6

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?

| | Strongly Disagree (1) | Disagree (2) | Unsure (3) | Agree (4) | Strongly agree (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 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 in years?

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)
- Prefer not to answer (9)

Q4 Do you identify as SPANISH, HISPANIC, or LATINX?

- Yes (1)
- No (2)
- Prefer not to answer (3)

Q6 What is your RACE? Select all that apply.

- White (1)
 - Black or African American (2)
 - American Indian or Alaska Native (3)
 - Asian (4)
 - Native Hawaiian or Pacific Islander (5)
 - Prefer not to answer (7)
 - Other (6) _____
-

Q7 What is your GENDER?

- Male (1)
 - Female (2)
 - Non Binary (3)
 - Genderfluid (4)
 - Prefer not to answer (5)
-

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)
- Prefer not to answer (13)



Q9 What is your ZIP CODE ?

Q12 What CONDITION(S) does the primary person you care for have? Select all that apply.

- Intellectual and developmental disabilities (1)
 - Behavioral/mental health conditions (2)
 - Alzheimer's disease and/or dementia (3)
 - Physical disabilities (4)
 - Complex medical conditions (5)
 - Other (please describe) (6)
-

Q13 What AGE is the primary person you care for?

- Infant (0-2 years of age) (1)
 - Pediatrics (2-12 years of age) (2)
 - Adolescent (13-18 years of age) (3)
 - Young Adult (18-30 years of age) (4)
 - Adult (30-65 years of age) (5)
 - Senior (over 65 years of age) (6)
-

Q14 What LANGUAGE do you prefer to speak?

- English (1)
 - Spanish (2)
 - Hmong (3)
 - Prefer not to answer (5)
 - Other (please describe) (4)
-

End of Block: Demographics Base/Universal
