

PROVIDERS - Wisconsin Respite Survey

Survey Flow

Standard: Block 1 (13 Questions)

Standard: Block 7 (6 Questions)

Standard: Block 2 (6 Questions)

Standard: Block 3 (4 Questions)

Standard: Block 4 (3 Questions)

Standard: Block 5 (3 Questions)

Standard: Block 6 (1 Question)

Standard: Demographics Base/Universal (9 Questions)

Page Break

Start of Block: Block 1

Q53 Do you CURRENTLY PROVIDE respite or related service?

- Yes (1)
- No (2)

Display This Question:

If Do you CURRENTLY PROVIDE respite or related service? = No

Q54 If not, why not?

- Lack of clients (1)
- Pay is too low (2)
- Lack of benefits (3)
- Work is too demanding (4)
- Other, please list (5) _____

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) _____
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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 specify (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)

No (2)

Q19 Do the caregiver and care recipient for whom you provide respite live in the SAME HOUSEHOLD?

Yes (1)

No (2)

Page Break

Q20 How are the caregiver and care recipient for whom you provide respite RELATED?

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

Q21 How do clients PAY for respite?

- Public (1)
 - Private (2)
 - Charity (3)
 - Other (please describe) (4)
-

Q22 HOW OFTEN do you provide respite for a caregiver/care recipient?

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

Q61 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 provide respite for a caregiver/care recipient?

- 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 did you face in order to provide respite?

End of Block: Block 1

Start of Block: Block 7

Q57 Wisconsin Respite Survey for Providers

Q48 WHERE 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 AGES 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)
 - Young Adult (18-30 years of age) (4)
 - Adult (30-65 years of age) (5)
 - Senior (over 65 years of age) (6)
-

Q50

Do you serve specific UNDERREPRESENTED GROUPS? Select all that apply

- Latinx (1)
 - Native (2)
 - African American (3)
 - Immigrants (4)
 - Homeless (5)
 - Other (6) _____
-

Q51 For HOW MANY people do you provide respite?

Q52

Do you offer services in other LANGUAGES?

- Yes (1)
- No (2)

End of Block: Block 7

Start of Block: Block 2

Q25 How were you RECRUITED as a respite provider?

- RCAW Registry (1)
 - Social Media (2)
 - Craigslist (3)
 - School or University (4)
 - Social or community referral (5)
 - Job board (6)
 - Other (please describe) (7)
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Q26 HOW long have you been a respite provider?

- 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)
-

Q27 How were you TRAINED as a respite provider?

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

Q29 Do respite providers have opportunities to GROW in the profession?

- Yes (1)
 - No (2)
-

Q30 What is the PAY RATE?

Q31 Do you receive BENEFITS as a respite provider?

- Yes (1)
- No (2)

End of Block: Block 2

Start of Block: Block 3

Q32 Do you MEET with the caregiver and care recipient BEFORE providing respite?

Yes (1)

No (2)

Q33 Do you receive INDIVIDUALIZED TRAINING ?

Yes (1)

No (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?

Yes (1)

No (2)

End of Block: Block 3

Start of Block: Block 4

Q36 What ACTIVITIES do you do with the care recipient? 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 provide respite? Select all that apply

- 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 provide 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 caregiver and care recipient AFTER providing respite?

Yes (1)

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 happens?

Yes (1)

No (2)

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: Demographics Base/Universal



Q2 What is your AGE?

Q3 What is the highest level of EDUCATION 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)
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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 DIAGNOSES do you 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)
-

Q14 What LANGUAGE do you primarily speak?

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

End of Block: Demographics Base/Universal
