Respite Care Provider Training 6-month Follow-up Survey

Survey Flow

Block: Default Question Block (1 Question)

Standard: Block 1 (5 Questions)

Standard: Block 2 (1 Question)

|  |  |
| --- | --- |
| Page Break |  |

Start of Block: Default Question Block

Q1 Thank you for taking the time to complete the Respite Care Provider Training course. Please complete the following survey to provide your feedback on how you have used the knowledge gained from the course.

End of Block: Default Question Block

Start of Block: Block 1

Q2 Are you currently PROVIDING respite care?

* No (1)
* Yes (2)

Display This Question:

If Are you currently PROVIDING respite care? = No

Q3 Please describe any BARRIERS that have made it difficult for you to provide respite care.

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Display This Question:

If Are you currently PROVIDING respite care? = Yes

Q4 How OFTEN do you provide respite care?

* Every day (1)
* 3-6 times a week (2)
* 1-2 times a week (3)
* 1-2 times a month (4)
* Less than once a month (5)

Display This Question:

If Are you currently PROVIDING respite care? = Yes

Q5 For how many people do you provide respite?

* 1 (1)
* 2 (2)
* 3 (3)
* More than 3 (4)

Display This Question:

If Are you currently PROVIDING respite care? = Yes

Q6 Please indicate what level of agreement you have to the following statements:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Completely disagree (1) | Somewhat disagree (2) | Neutral (3) | Somewhat agree (4) | Completely agree (5) |
| The course prepared me well for providing respite care (1) |  |  |  |  |  |
| I am confident in my ability to provide respite care (2) |  |  |  |  |  |

End of Block: Block 1

Start of Block: Block 2

Q8 Please provide any additional comments you have about the course

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End of Block: Block 2

A close-up of a document

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