



Idaho Lifespan Respite Program

Caregiver #:

Location (city, town):

Date:

Hello! We want to know how you are doing and how access to respite is making a difference in your life. We will use the information you provide to improve the program.

We want to know how well the Idaho Lifespan Respite program works so please take few minutes to complete this evaluation. The results of the evaluation will be used to assess the value of the program and may be included in research. Results will be summarized so no individual responses will be identified. These results may be shared at national and state conferences or reports or published in scholarly journals.

Your participation in the evaluation is voluntary and confidential. You may skip any question(s) you do not feel comfortable answering. If you have questions, contact Julie or Sarah Toevs, Director, Study of Aging, 1910 University Drive, Boise ID 83725-1835, 208-426-2452 or the Institutional Review Board at Boise State University, Office of Research Administration, 1910 University Drive, Boise, ID 83725-1135 or (208) 426-1574. Completion of this survey implies your consent to participate. Thank You!

Before I participated in Idaho Lifespan Respite program, I was able to.... <i>Please place an "X" in the box that best represents your opinion to the following statements:</i>						Now...after I have participated in the Idaho Lifespan Respite program, I am able to... <i>Please place an "X" in the box that best represents your opinion to the following statements:</i>				
Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree		Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
					Find ways to pay for respite services.					
					Find someone to provide respite care.					
					Feel confident about the quality of care provided by respite provider.					
					Find ways to cope with the stress of caregiving.					
					Take care of my own health while providing care to another person.					

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Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree		Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
					Take time for myself without feeling guilty.					
					Manage burn out of caregiving.					
					Have confidence in my ability to continue to care for my loved one at home.					
Evaluation continues on the next two pages										

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How easy has it been to manage the Lifespan Respite Program (submitting paperwork, tracking hours, etc.)?

very easy

easy

somewhat difficult

very difficult

Do you think the care recipient is benefitting from the Lifespan Respite Program?

yes, a great deal

yes, somewhat

not sure

no

What additional training or skills would you like the person providing respite care to have (listening skills, toileting skills, lifting, medication management, etc.)?

If you could change one thing about the Lifespan Respite Program it would be....

Would you recommend the Lifespan Respite Program to someone else? Why or why not?

Other Comments: