

San Luis Obispo County, Survey of Caregivers

SLO County is developing a Master Plan on Aging and wants to know what you think! **This survey is for Caregivers of older adults and people with disabilities.** We are defining a caregiver as “any relative, partner, friend or neighbor who has a significant personal relationship with, and provides a broad range of assistance for, an older person or an adult with a chronic or disabling condition.”

The survey should take 10-15 minutes to complete. The results will be used to design programs and services in SLO County.

Directions: Please answer the following questions **in your role as a caregiver**. Circle the number that best reflects your opinion about each statement below. If you are not sure or don't know, circle DK.

Caregiver Stressors	Never	Rarely	Sometimes	Quite frequently	Nearly always
1. Because of the time I spend as a caregiver, I don't have enough time for myself.	0	1	2	3	4
2. I feel stressed between caring for my relative and trying to meet my other responsibilities for my family and/or work.	0	1	2	3	4
3. I feel tense or strained about the person I care for.	0	1	2	3	4
4. I feel uncertain about what to do about the person I care for in the short and/or long-term.	0	1	2	3	4

Caregiver Social Connections	Hardly ever	Some of the time	Often
5. How often do you feel that you lack companionship?	1	2	3
6. How often do you feel left out?	1	2	3
7. How often do you feel isolated from others?	1	2	3

Directions: Please answer the following questions **about the person you care for**. Circle the number that best reflects your opinion about each statement below. If you are not sure or don't know, circle DK.

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Physical Health (the person I care for)	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Don't Know
8. Regularly sees a primary care physician or nurse for basic healthcare and prevention.	1	2	3	4	5	DK
9. Receives care from a medical professional for more specialized health care needs such as diabetes, heart disease, etc.	1	2	3	4	5	DK
10. Is treated by medical professionals who understand the needs of older adults and people with disabilities.	1	2	3	4	5	DK
11. Is satisfied with access to prescriptions and other medications.	1	2	3	4	5	DK
12. Understands what their healthcare insurance and benefits cover.	1	2	3	4	5	DK
13. Is comfortable meeting with healthcare professionals by phone or computer (telehealth).	1	2	3	4	5	DK
14. Can afford to pay for prescriptions and health related prescriptions	1	2	3	4	5	DK

Housing (the person I care for)	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly	Don't Know
15. Can afford their current living situation	1	2	3	4	5	DK
16. Feels safe in their living situation.	1	2	3	4	5	DK
17. Can live independently in their current living situation.	1	2	3	4	5	DK
18. Would like to modify the place they live to better meet their age and/or disability needs.	1	2	3	4	5	DK
19. In the next five years, they may need to move to a different living situation because of their age an/or disability needs.	1	2	3	4	5	DK

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Well-Being (the person I care for)	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Don't Know
20. Has someone to call if feeling depressed, anxious, or overwhelmed.	1	2	3	4	5	DK
21. I know where to get therapy or help coping with their feelings if they need it.	1	2	3	4	5	DK
22. Can participate in support groups in their community focused on wellness and self-care.	1	2	3	4	5	DK
23. Knows who to call about alcohol or drug misuse for themselves or someone they know	1	2	3	4	5	DK
24. Regularly goes to places that provide social interaction and activities for people like them.	1	2	3	4	5	DK

25. Which of the following services and supports are MOST important to the person you care for? (check all that apply)

<input type="checkbox"/> Getting healthy meals and food	<input type="checkbox"/> Help understanding or managing my finances
<input type="checkbox"/> Help getting to and from appointments and activities	<input type="checkbox"/> Help with legal issues such as wills, trusts, Power of Attorney, rent disputes, etc)
<input type="checkbox"/> Help understanding written information or what someone is saying in a language other than English.	<input type="checkbox"/> Help getting a job
<input type="checkbox"/> Help getting financial assistance and benefits	<input type="checkbox"/> Help using a computer or phone
<input type="checkbox"/> Physical activity and fitness programs/classes	<input type="checkbox"/> Help understanding health insurance and benefits

26. Which of the following best describes you? (check all that apply)

- Spouse Adult Child
 Other Relative Unrelated Paid Caregiver Unrelated UnPaid Caregiver

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28. What is your ethnicity? (check one)

- African American American Indian or Alaskan Native
 Asian American/Filipino/Pacific Islander
 Hispanic/Latino White/European American
 Multi-Racial/More than One Decline to State

29. What is your gender? (check one)

- Female Male Nonbinary/Queer Transgender
 Decline to State

30. What is your zip code? _____