

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 and/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? _____