

CIRCLE CENTER CAREGIVER SURVEY

This survey addresses your experience as a Caregiver and the experience of our participants who received on-site services from July 1, 2019 until our closing of on-site activities on March 19, 2020. Please answer questions 1 – 20 below as best you can in regards to services received **BEFORE** the virus interrupted services. We have additional questions about services you received during the pandemic on the last two pages. Thank you for taking the time to complete this as your feedback is essential as we assess and adjust our programs and services to best meet the needs of our caregivers and participants. Please fill out this survey and return it by June 15, 2020. Please call Jay with any questions 355-5717 ext. 210.

REMEMBER, QUESTIONS 1- 20 ARE BASED ON YOUR EXPERIENCES WITH CENTER SERVICES FROM JULY 1, 2019- MARCH 19, 2020 (BEFORE ON-SITE SERVICES STOPPED)

1. What is your sex?

F M Decline to Answer

2. What is your age? _____

3. What is your relationship to the participant?

Spouse or Partner Adult Child Sibling Grandchild

Other _____ (describe)

4. Are you the primary caregiver for the participant? (If no, please write who is the primary caregiver. Please don't list if you would like to remain anonymous)

Yes

No (Primary Caregiver: _____)

5. How long have you been a caregiver for your loved one?

Less than 1 month 1-3 months 4-6 months 7-9 months

10-12 months More than 1 year

6. How long were you a caregiver for your loved one before they began attending Circle Center?

_____ Years _____ Months

7. How long has your loved one attended Circle Center?

Less than 1 month 1-3 months 4-6 months 7-9 months

10-12 months More than 1 year

8. Why did you choose the services offered at Circle Center? Check all that apply to you.

- To give myself a break from caregiving
- So that I can work
- So that I can attend other commitments and appointments
- To avoid placement in a nursing home or assisted living facility
- Because my loved one needs constant supervision
- For the health/medical services
- For the physical activity and wellness services offered
- For the socialization/activities to help keep my loved one from feeling alone
- Because the Center is located close to where I work and/or live
- I can't do some of the things he/she needs such as bathing, etc.
- Other, please describe:

9. Are you currently employed? Yes No

Circle Center Services:

Please circle the answer that best fits your experience, or write in the best answer.

10. Overall does the Center meet your needs as a caregiver? Yes No

If no, can you explain how Circle Center could better support you?

11. Do the operating hours fit your schedule and needs? Yes No

If no, what hours would better meet your needs? _____

12. Circle Center's services have improved the participant's quality of life.

- Strongly Agree Agree Disagree Strongly Disagree

13. Circle Center has improved the fulfillment of participant's social, emotional and physical needs.

- Strongly Agree Agree Disagree Strongly Disagree

14. Circle Center has reduced my stress as a caregiver.

Strongly Agree Agree Disagree Strongly Disagree

15. Circle Center has impacted my patience and energy level as a caregiver in a positive way.

Strongly Agree Agree Disagree Strongly Disagree

16. Circle Center’s services have allowed me to maintain other life roles (parent, spouse, employee, etc.)

Strongly Agree Agree Disagree Strongly Disagree

17. Circle Center has provided me information and support needed to assist in meeting participant’s needs.

Strongly Agree Agree Disagree Strongly Disagree

18. Circle Center Services are crucial to keeping participant living at home.

Strongly Agree Agree Disagree Strongly Disagree

19. Circle Center provides a welcoming and safe environment.

Strongly Agree Agree Disagree Strongly Disagree

20. Are there any challenges, experiences or feedback you would like to share?

Thank you for completing this survey 😊

PLEASE ANSWER THE FOLLOWING QUESTIONS REGARDING SERVICES DURING THE RECENT PANDEMIC. The following questions will allow Circle Center to understand the needs of our participants and caregivers during this pandemic as well as help plan our phased reopening.

1. Have you or your loved one accessed the online program resources posted on our website?

Yes No

a. If yes, can you list those that you or your loved one watched? _____

b. Can you share with us which videos or resources you found helpful? _____

c. Please list other videos or resources you'd like to see added? _____

d. If no, what was the reason you did not access them?

Did not have technology to view Did not find them helpful

Had other activities we focused on Other _____

2. Do you feel like your loved one's functioning has decline since not being able to attend the Center?

Yes No If yes, in what way: _____

3. Please rate your response to this statement: Since the Center has been closed, my stress as a caregiver has increased.

Strongly Agree Agree Disagree Strongly Disagree

4. As we reopen, our hours of operation may look different at the start. If you are interested in returning to the Center, please indicate which hours of operation you prefer:

9 am – 5 pm 8 am – 4 pm

5. Since the pandemic, how have your caregiving needs changed?

6. Since the pandemic, has your comfort level changed about placing your care recipient in the type of congregate settings adult day care offers?

Yes No

Please elaborate on your response above:

7. Please let us know any additional challenges or feedback you'd like to share as we plan for reopening:
