



## The Home Care Experience: Some Questions for You as a Family Caregiver

\_\_\_\_\_ is working on an important project to improve how we work with family caregivers. As part of that project, we are asking you to fill out this survey because you were closely involved in when you family member's care while he/she were receiving services from our agency. Your answers will help us improve our procedures when start and end home care services for patients.

This survey focuses on you, not on your relative or friend who was receiving services. There are no right or wrong answers. Please select the answer that best describes your overall experience. If the question does not apply to your experience or you don't know the answer, just circle or click "Don't know" or "not relevant." There is room at the end of each section for you to add any general comments or to explain any of your answers. *The survey will take about 10 minutes to complete.*

You do not have to give your name or any identifying information. Nothing you report will affect your family member's current or future medical care.

This survey was designed by the United Hospital Fund, a nonprofit research and health policy organization, as part of its *Next Step in Care* campaign. You can find out more at [www.nextstepincare.org](http://www.nextstepincare.org). You will also find tools and guides to help you plan for your family member's transition from one health care setting to another. For example, it has information about what to expect when moving from a hospital to a rehab center or nursing home.

Thank you for completing this survey. Your views are important and will contribute toward improving patient care and family caregiver support.

## Caregiver Background

**1. I am the patient's (relationship to your family member) (select one of the choices below)**

- Spouse/Partner    Parent    Son/Daughter  
 Other Relative    Friend    Other: \_\_\_\_\_

**2. My family member was receiving home care services after being discharged from:**

- A hospital    Rehabilitation in a nursing or rehabilitation facility    Other \_\_\_\_\_

**3. My family member is (age): \_\_\_\_\_ years old.**

Comments:

## A. Information

**1. When home care started for my family member, I was given:**

|  | Yes                      | No                       | Don't know               | Not relevant             |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| a) a number to call 24 hours, 7 days a week if I had any questions                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) a list of supplies and/or equipment that my family member will need and how to get them | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) information what services would be provided   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) an estimate of how long home care might last  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e) an explanation about what insurance would pay for                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f) information about who would be coming to the home and what they were expected to do     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### A. Information (continued)

|   | Yes                      | No                       | Don't know               | Not relevant             |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| g) a copy of the privacy statement that makes clear that staff members are allowed to provide medical information to me unless my family member objects | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h) a statement recognizing my importance to my family member's care and well-being  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i) Information about services and resources I could use (such as support services, respite care, transportation etc.)                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

### B. My Needs as a Caregiver

#### 2. The home care agency asked me about:

|  | Yes                      | No                       | Don't know               | Not relevant             |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| a) my skills and ability to provide care       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) my comfort level doing these tasks          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) my availability at the time care was needed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

## C. Services

### 3. The home care staff made sure I was:

|   | Yes                      | No                       | Don't know               | Not relevant             |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a) given information about my family member's condition and prognosis | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) told what services will be provided                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) told when to expect visits from the nurse, therapist, or aides     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) encouraged to ask questions  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e) given instructions about medications, or use of equipment, etc.    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f) given a telephone number to call in an emergency                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

## D. Communication

### 4. To help me understand instructions, I was able to get:

|  | Yes                      | No                       | Don't know               | Not relevant             |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| a) medical information that I could understand                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) printed materials in my language  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) a professional interpreter (e.g. someone who speaks my language), if needed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## D. Communication (continued)

Comments:

## E. Training

### 5. The home care agency taught me how to:

|   | Yes                      | No                       | Don't know               | Not relevant             |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a) manage medications   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) watch and report changes in the patient's condition  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) operate medical equipment, if necessary  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) understand what the my family member should eat and how much exercise he or she should get | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e) recognize an emergency   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f) understand what to bring to the doctor's appointment and what to discuss with the doctor   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

## F. Changes in Care Plan

### 6. When changes in the care plan were made, I was told:

|                                    | Yes                      | No                       | Don't know               | Not relevant             |
|------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a) why the changes were being made | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) when the changes would be made  |                          |                          |                          |                          |

Comments:

## G. When Home Care Ended

### 7. Before home care ended, the home care agency staff:

|  | Yes                      | No                       | Don't know               | Not relevant             |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| a) informed me when to expect service and visits to stop                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) told me how to get additional care, if necessary  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) gave me instructions about diet, activity and symptom management                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) provided me with the name and telephone number of a person to contact for any questions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e) told me when to schedule future doctor visit(s) and what to bring with                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f) provided me with information about community resources for myself                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

**H. Satisfaction**

**8. Overall, I was satisfied with the training, support, and information I received from the home care agency.**

| Strongly agree           | Agree                    | Neither agree/ disagree  | Disagree                 | Strongly disagree        | Don't know/ not relevant |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**9. Based on my experience, I would recommend this home care agency to others.**

| Strongly agree           | Agree                    | Neither agree/ disagree  | Disagree                 | Strongly disagree        | Don't know/ not relevant |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |