



## The Nursing Home (Rehabilitation) 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 your family member's care during his/her recent stay. Your answers will help us improve our procedures when a patient is moved from our facility to another setting.

This survey focuses on you, not on your relative or friend. 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 rehab center or nursing home to home or long term care.

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): (select one of the choices below)**

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

**2. The patient was admitted to the nursing home because:**

\_\_\_\_\_

**3. Please select the type of unit your family member was admitted to:**

- Rehabilitation    Skilled Nursing    Other: \_\_\_\_\_

**4. The patient is (age): \_\_\_\_\_ years old.**

Comments:

## A. Admission

**1. When my family member was admitted to the nursing home, staff:**

	Yes	No	Don't know	Not relevant
a) oriented me to the facility and welcomed me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) gave me a number to call 24 hours a day, 7 days a week to get information about my family member's condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) explained my role in my role, as the designated family person, while my family member is being treated at the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) gave me 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"/>
e) gave me a copy of the privacy statement that makes clear that staff members are allowed to provide medical information to me, unless the patient objects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) told me about services and resources available to me and during my family member's stay (such as family meetings, overnight stays, etc...)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## A. Admission(continued)

### 2. Within the first week of my family member's admission, nursing home staff:

	Yes	No	Don't know	Not relevant
a) gave me an estimate of how long my family member may stay in the nursing home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) explained to me the process the insurance company will use to determine what services will be covered, and the possibility that coverage may end with very little notice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) clarified how insurance coverage might impact services provided to my family member during the current stay and availability of services after discharge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

## B. My Needs as a Caregiver

### 3. In making discharge plans, the nursing home staff 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 in 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. Preparing for Discharge

### 4. To prepare for my family member's discharge from the nursing home, the staff made sure I was:

	Yes	No	Don't know	Not relevant
a) told well in advance the day and time when my family member would leave the nursing home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) given enough time to make decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) given written information about the patient's rights related to discharge, including the appeal process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) given information about all available care options, such as home care, adult day care services, etc...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) told about insurance coverage or costs of the different care options once my family member is home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) told about services and equipment needed at home (transportation, hospital beds, walkers, etc...) and how to get them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) told about places I could call for support for myself such as caregiver support groups, respite care, etc...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 5. If my family member was referred to home care, the nursing home staff told me there might be a gap between the time he or she will leave the nursing home and the start of home care services:

Yes	No	Don't know	Not relevant
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

## D. Communication

### 6. 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, if needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) a professional interpreter (i.e., someone who speaks my language),if needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Comments:**

## E. Training

### 7. The nursing home staff taught me how to:

	Yes	No	Don't know	Not relevant
a) give the right medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) watch and report changes in my family member'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 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 and emergency of change in condition that requires action	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Comments:**

## F. When my Family Member was Leaving the Nursing Home

### 8. At discharge, the nursing home staff gave me:

	Yes	No	Don't know	Not relevant
a) instruction about diet, activity and symptom management A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) 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"/>
c) list of medications my family member uses with dosage information and instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) information about paying for the medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) information about when to schedule the doctor visit(s) and what to bring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 9. Before my family member was transferred with a referral to home care or a new facility, the nursing staff gave me information about the agency or facility so I could speak with their staff?

	Yes	No	Don't know	Not relevant
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### Comments:

## G. Follow-up

### 10. A nursing home staff member called me to address questions and concerns:

	Yes	No	Don't know	Not relevant
a) within a day or so after my family member was discharged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) within two weeks after discharge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) no one ever called	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## H. Satisfaction

### 11. Overall, I was satisfied with the preparation I received from nursing home staff during and following my family member's stay?

	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"/>

### 12. Based on my experience, I would recommend this nursing home 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"/>

Comments

## H. Satisfaction (continued)

**13. In what ways did the nursing home staff support you as a caregiver throughout your family member's stay, and in preparation for discharge?**

**14. What could nursing home staff have done to better support you as a caregiver throughout your family member's stay, and in preparation for discharge?**