



**JEFFERSON COUNTY OFFICE FOR THE AGING**

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**CAREGIVER SERVICES QUALITY ASSURANCE SURVEY**

The Caregiver Program provides a range of supports that assist families and informal caregivers with caring for their loved ones at home for as long as possible.

The Caregiver Program provides the following services:

- Information to caregivers about available services
- Assistance to caregivers with gaining access to available services, including information and assistance and case management
- Caregiver counseling, support groups, and training
- Respite care (in-home, out of home, overnight)
- Supplemental services (e.g., home delivered meals, transportation, personal emergency response systems, home modifications, etc.)

Jefferson County Office for the Aging is pleased to be able to provide you with assistance through the Caregiver Program. Please take a moment to complete this survey. Your feedback will help us improve the quality of the Caregiver Program and continue to effectively provide services to other families and informal caregivers. We appreciate your response to the survey.

**1.) How did you hear about the Caregiver Program, and the caregiver services offered by our agency?**

- |  |                                       |                                      |
|--|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Friend / Family | <input type="checkbox"/> Case Manager | <input type="checkbox"/> Hospital    |
| <input type="checkbox"/> Newsletter      | <input type="checkbox"/> Newsletter   | <input type="checkbox"/> NY Connects |
| <input type="checkbox"/> Brochure        | <input type="checkbox"/> Radio/ TV    | <input type="checkbox"/> Other       |

If other, please specify:

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**2.) What is your relationship to the person you are caring for?**

- Husband
- Wife
- Domestic Partner (including civil union)
- Son/ Son-in-law
- Daughter/ Daughter-in-law
- Grandparent
- Parent
- Sister
- Brother
- Non-Relative
- Declined to Answer
- Other

If other, please specify your relationship:

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**3.) Was the information about the Caregiver Program made clear to you?**

- Yes
- No

**4.) Below is a list of services and resources available through the Caregiver Program. Please tell us whether you utilized any of these services, and, if so, please indicate your level of satisfaction with the services you received.**

Service	Did you use this service?		If yes, how would you rate the services you received?			
	Yes	No	Excellent	Good	Fair	Poor
Caregiver Case / Care Management						
Caregiver Counseling						
Caregiver Support Groups						
Caregiver Training						
Respite Care (A break from caregiving responsibilities)						
Other						

If other, please state what other service(s) you received:

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5.) If you are not satisfied with a service or rated any of the above as “poor,” please tell us about your experiences:

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6.) Were services arranged in a timely manner?

- Yes
- No

7.) Was the staff member you worked with helpful, and did they assist you with arranging service(s) to meet your needs?

- Yes
- No

8.) As a result of the service(s) you have received through the Caregiver Program:

	Yes	No	Unsure
Do you have a better understanding on how to access services?			
Do you feel more confident as a caregiver?			
Do you believe the service(s) you received allowed you to provide care for a longer period of time?			
Do you feel that your level of stress has decreased?			
Do you take more time for your personal health and overall well-being?			

9.) If you were to seek help with your caregiving responsibilities again, would you come back to our program?

- Yes
- No

10.) Do you have any suggestions that would help us improve our program?

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**11.) What workshops or information could we provide that are of interest to you or you feel would be beneficial in your role as a caregiver?**

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**12.) Do you have any additional comments about the service(s) you received or your role as a caregiver in general?**

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**If you would like to be contacted regarding this survey, please provide the following information:**

Name: \_\_\_\_\_

Mailing Address:  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number (        ) \_\_\_\_\_ - \_\_\_\_\_

**If you have any questions about this survey, please contact 315-785-3191**

**Thank you for taking the time to complete this survey. Your feedback is very important to us!**

**Please mail the completed survey to:**

**Jefferson County Office for the Aging  
County Building  
175 Arsenal Street  
Watertown, NY 13601**