

1. What is your ethnicity? (Please select all that apply.)

- American Indian or Alaskan Native
- Asian or Pacific Islander
- Black or African American
- Hispanic or Latino
- White / Caucasian
- Prefer not to answer
- Other (please specify)

2. What is your gender?

- Female
- Male

3. What is your age?

- 18 to 24
- 25 to 34
- 35 to 44
- 45 to 54
- 55 to 64
- 65 to 74
- 75 or older

4. Which of the following best describes your current relationship status?

- Married
- Widowed
- Divorced
- Separated
- In a domestic partnership or civil union
- Single, but cohabiting with a significant other
- Single, never married

5. What is your approximate average household income?

- \$0-\$24,999
- \$25,000-\$49,999
- \$50,000-\$74,999
- \$75,000-\$99,999
- \$100,000-\$124,999
- \$125,000-\$149,999
- \$150,000-\$174,999
- \$175,000-\$199,999
- \$200,000 and up

6. How many people living in your home have a disability or chronic illness requiring daily assistance?

7. Which best describe your relationship to the person with a disability or chronic illness? (Select all that apply.)

Birth or adoptive parent

Foster parent

Grandparent

Spouse or partner

Sibling

Son or daughter

Close friend

Other (please specify)

8. Is the person you care for enrolled in a senior assistance program?

Yes

No

9. How often do you access caregiver respite services?

Once each week

Twice each month

Two to three times each year

Never

10. Are you a non-paid caregiver?

Yes

No

If so, is the person you care for a relative, spouse, friend, etc.? (Please specify)

11. If you are a non-paid caregiver, how many hours a week do you provide assistance?

- 1-5
- 6-10
- 10+
- Live in
- N/A

12. How do you expect respite services to help you as a caregiver?

13. Does your caregiving require physical activity?

- Yes
- No

14. What event(s) would lead you to seek respite services?

- Relieve stress
- Improve relationship with my spouse or partner
- Improve relationship with other family member
- Care for myself
- Care for medical needs of another family member
- Safety issues
- Prevent alcohol or drug problems
- Care for personal business
- Participate in family support group/services
- Other (please specify)

15. How many members of your household would be affected by the event(s):

16. Do you feel there are adequate caregiver respite services available to you?

Yes

No

Don't know

17. How would you feel if caregiver respite services were available to you on Key Biscayne?

Yes

No

Don't know

18. How many times have you been unable to find caregiver respite services when you needed them?

Never

One time

Two times

Three or more times

19. Do you need a car to provide caregiving?

Yes

No

If so, do you have one available to you?

20. Consider your most recent experience with caregiver respite services. How long did you have to wait for respite services?

Days

Weeks

Months

21. Are you on a waiting list for caregiver respite services?

Yes

No

Don't know

22. How did you learn about respite services in your community? (Select all that apply.)

Called a federal, state, or local agency for help

Recommendation from a support group

Recommendation from a church or faith organization

Referred by a physician or other clinical service provider

Recommendation from a friend or family member

Internet website

Other (please specify)

23. What is the gender of the person with a disability or chronic illness who requires daily care?

Male

Female

24. What is the age of the person with a disability or chronic illness who requires daily care?

25. How much assistance does the person with disability or chronic illness require?

- No assistance
- Occasional assistance
- Frequent assistance
- Continuous assistance
- Don't know/unsure
- Other (please specify)

26. How much difficulty does the person with a disability or chronic illness have with each of the following?

	No difficulty	Some difficulty	Much difficulty	Don't know, Does not apply
Communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dressing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bathing and handwashing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Caring for mouth and teeth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Toileting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cooking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Taking medication as prescribed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation (driving, riding a bus)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

27. What are your additional comments about caregiver respite services?

28. Would you like to receive a summary of the survey results? If so, please provide the following mailing information.

Full name:

Street address:

City, State, Zip Code:

Email address (if available):

29. May we contact you again to request additional information?

Yes

No

Phone number or email address