

## **Caregiver Experience Survey**

Thank you for taking the time to complete this survey. Your anonymous feedback about <u>your experience as a caregiver</u> will help us better support caregivers in their role. Your responses will be kept confidential and will not affect you or your family member's / friend's current or future care.

This survey will take 3-5 minutes to complete.

To request access to the free online MS FORMS version of this survey, please contact

info@geriatricsontario.ca

Both: In-person AND virtually

\* Required

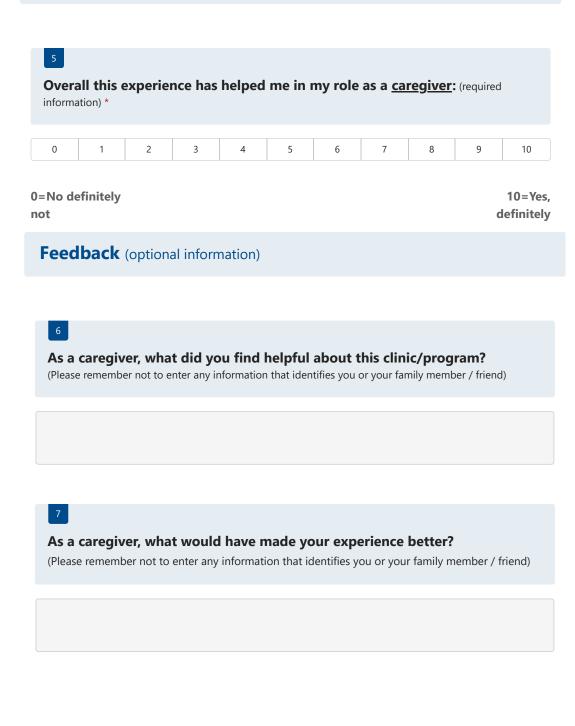
## **Visit Info**

Today's Date (required information) *	
Today o 2 and (required information)	
	:::
I am a caregiver of an older adult who received care through at the following clinic/program (please provide name and address of clinic) (required information) *	
How care was provided: (required information) *	
In-person (at a clinic or at home)	
○ Virtually (by phone or video)	

Please read the statements and click on the number that best describes your experience as a <u>caregiver</u> with this clinic/program: (required information) \*

	$\langle \cdot \rangle$		<u> </u>		$\bigcirc$
	1=No, definitely not	2	3	4	5=Yes, definitely
a. My role as a caregiver was discussed	0	$\bigcirc$	$\circ$	$\circ$	$\bigcirc$
b. I was treated as a source of knowledge about my family member/friend	0	0	$\circ$	$\circ$	$\circ$
c. I was treated with respect	$\circ$	$\bigcirc$	$\bigcirc$	$\circ$	$\bigcirc$
d. I trusted the people I spoke with	0	$\bigcirc$	$\bigcirc$	$\bigcirc$	0
e. I knew who to contact if I have questions and/or concerns	0	0	$\circ$	$\circ$	0
f. I was involved in decision making with or for my family member/friend, when needed	0	0	0		
g. Information was given to me in a way I could understand	0	$\bigcirc$	$\circ$	$\bigcirc$	$\bigcirc$
h. I received the medical information I needed about my family member/friend	0	$\bigcirc$	0	$\circ$	$\bigcirc$
i. I received information when I needed it	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$	$\bigcirc$
j. I received information about other programs that my family member/friend might use	0	0	0	0	$\bigcirc$
k. I received support that helped me in my role as a caregiver	$\circ$	$\bigcirc$	$\circ$	$\bigcirc$	$\circ$

## **Overall**



## **Demographics: Caregiver's** (optional information)

My age is:
under 50
○ 50-64
○ 65-74
○ 75-84
O 85-94
O 95+
○ I prefer not to answer
I identify as:
○ Woman
○ Man
Gender-fluid, non-binary, and/or Two-Spirit
Another gender
○ I prefer not to answer