



Caregiver Experience Survey

Thank you for taking the time to complete this survey. Your anonymous feedback about your experience as a caregiver 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

* Required

Visit Info

1

Today's Date (required information) *

2

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) *

3

How care was provided: (required information) *

- ☐ In-person (at a clinic or at home)
- ☐ Virtually (by phone or video)
- ☐ Both: In-person AND virtually

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



1=No, definitely not



2



3



4



5=Yes, definitely

a. My role as a caregiver was discussed

☐
☐
☐
☐
☐

b. I was treated as a source of knowledge about my family member/friend

☐
☐
☐
☐
☐

c. I was treated with respect

☐
☐
☐
☐
☐

d. I trusted the people I spoke with

☐
☐
☐
☐
☐

e. I knew who to contact if I have questions and/or concerns

☐
☐
☐
☐
☐

f. I was involved in decision making with or for my family member/friend, when needed

☐
☐
☐
☐
☐

g. Information was given to me in a way I could understand

☐
☐
☐
☐
☐

h. I received the medical information I needed about my family member/friend

☐
☐
☐
☐
☐

i. I received information when I needed it

☐
☐
☐
☐
☐

j. I received information about other programs that my family member/friend might use

☐
☐
☐
☐
☐

k. I received support that helped me in my role as a caregiver

☐
☐
☐
☐
☐

Overall

5

Overall this experience has helped me in my role as a caregiver: (required information) *

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

0=No definitely
not

10=Yes,
definitely

Feedback (optional information)

6

As a caregiver, what did you find helpful about this clinic/program?

(Please remember not to enter any information that identifies you or your family member / friend)

7

As a caregiver, what would have made your experience better?

(Please remember not to enter any information that identifies you or your family member / friend)

Demographics: Caregiver's (optional information)

8

My age is:

- ☐ under 50
- ☐ 50-64
- ☐ 65-74
- ☐ 75-84
- ☐ 85-94
- ☐ 95+
- ☐ I prefer not to answer

9

I identify as:

- ☐ Woman
 - ☐ Man
 - ☐ Gender-fluid, non-binary, and/or Two-Spirit
 - ☐ Another gender
 - ☐ I prefer not to answer
-