



# 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](mailto:info@geriatricsontario.ca)

\* Required

## Visit Info

1

**Today's Date** (required information) \*

2

**I am a caregiver of an older adult who received care 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
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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
-