

**CARE PARTNER**

**EXPERIENCE SURVEY**

**(Add clinic/program name,**

**and/or logo)**

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| 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 anonymous feedback about your experience as a caregiver or care partner with the (add clinic/program name) 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. Returning this survey implies your consent for your feedback to be used in research. This survey will take 3-5 minutes to complete. |

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| Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How care was provided: MM/DD/YYYY € In person (at a clinic or at home  € Virtually (by phone or video  € Both |
| **Please read the statements below and circle the number to the right that best describes your experience with this clinic/program as a caregiver or care partner:** |  **1 = NO** **definitely not** |  | **5 = YES** **definitely** |  |
|   |
| 1 | My role as a caregiver was discussed | 1 2 3 4 5 |  |
|  2 | I was treated as a source of knowledge about my family member/friend | 1 2 3 4 5 |  |
| 3 | I was treated with respect | 1 2 3 4 5 |  |
| 4 | I trusted the people I spoke with | 1 2 3 4 5 |  |
| 5 | I knew who to contact if I had questions and/or concerns | 1 2 3 4 5 |  |
| 6 | I was involved in decision making with or for my family member / friend, when needed | 1 2 3 4 5 |  |
| 7 | Information was given to me in a way I could understand | 1 2 3 4 5 |  |
| 8 | I received the medical information I needed about my family member / friend | 1 2 3 4 5 |  |
| 9 | I received information when I needed it | 1 2 3 4 5 |  |
| 10 | I received information about other programs that my family member / friend might use | 1 2 3 4 5 |
| 11 | I received support that helped me in my role as a caregiver | 1 2 3 4 5 |

**PLEASE TURN THE PAGE OVER FOR REMAINING QUESTIONS**

|  |  |
| --- | --- |
| 12 | **Overall, this experience has helped me in my role as a caregiver or care partner:**(0=No, (10=Yes0 1 2 3 4 5 6 7 8 9 10definitely not) definitely) |

|  |  |
| --- | --- |
| 13 | As a caregiver or care partner, what did you find helpful about the (add clinic/program name? |
| 14 | As a caregiver or care partner, what would have made your experience better? |

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| 15. **My age is:**  □ under 50 □ 50-64 □ 65-74 □ 75-84 □ 85-94 □ 95+  □ I prefer not to answer16. **I identify as:**  □ Woman □ Man □ Gender-fluid, non-binary, and/or Two-Spirit □ Another gender □ I prefer not to answer  |

**THANK YOU!**