

# Heart of Recovery Online Survey Screenshots



**ARMY PUBLIC HEALTH CENTER**



**OMB Temporary Control Number 0702-ADAA**

**Public Health Assessment Division  
Health Promotion and Wellness Directorate**



Browser address bar: <https://usaphcapps.amedd.army.mil/Survey/TestSurvey.aspx?s=251137453970E888&m=1&r=1>

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Military Caregivers Program: Heart of Recovery

Caregiver's Assessment of Responsibility Evaluation (CARE)

**AGENCY DISCLOSURE NOTICE**

The public reporting burden for this collection of information, 0702-XXXX, is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

OMB Control Number:

OMB Expiration Date:

SURVEY APPROVAL AUTHORITY:  
U.S. ARMY RESEARCH INSTITUTE FOR THE BEHAVIORAL AND SOCIAL SCIENCES  
SURVEY CONTROL NUMBER: DAPE-ARI-AO-18-05  
RCS: MILPC-3  
EXPIRES: 10/31/2018

**Privacy Advisory**

**Authority:** Army Regulation 40-5 (25 May 2007) Preventive Medicine directs Army Public Health Center to conduct evaluations of regional and local programs in support of USAMEDCOM oversight responsibilities (at para 2-19.j. page 14).

**Purpose:** The Army Public Health Center (APHC) will collect information to provide feedback to the Office of The Surgeon General (OTSG) to help determine the best way to better serve those who provide caregiver support to military personnel in an effort to develop the Military Caregivers Heart of Recovery Program.

**Routine Uses:** The information will be used by and disclosed to APHC and OTSG personnel and contractors to coordinate development of the Military Caregivers Heart of Recovery Program.

**Disclosure:** Furnishing this information is voluntary.

**What is a Military Caregiver?**

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**What is a Military Caregiver?**

A military caregiver is someone who provides unpaid care and assistance (except for SCAADL) for, or manage the care of, someone who is at least 18 years old and has an illness, injury or condition for which they require outside support. This may include help with tasks such as personal care, bathing, dressing, feeding, giving medicines or treatments, help with memory tasks for someone with brain injury, help coping with symptoms of Posttraumatic Stress Disorder (PTSD), transportation to doctors' appointments, or arranging for services, etc. You do not need to live with the person. Care and assistance are considered unpaid if you provide them without receiving financial compensation in exchange for doing so.

**What is the Military Caregivers Heart of Recovery program and why should I participate in this survey?**

Military caregivers enhance the quality of life for Service Members and play a vital role in facilitating and improving their recovery, rehabilitation, and reintegration. There are numerous military, veteran, corporate, agency, and nonprofit programs and services available to meet the needs of those who provide caregiver support. To streamline this information, the Military Caregivers Heart of Recovery program is being developed by the U.S. Army Public Health Center (APHC), in collaboration with numerous partners, to serve as a central location for services and resources that provide support to wounded warriors and their families. The APHC is responsible for determining the needs of Military Caregivers. We will be collecting information about your general health status, type(s) of caregiver support, needs, services and resources used or required to provide support. This information is being collected to provide feedback to APHC to help determine the best way to better serve those who provide caregiver support to military personnel. If you provide care to more than one recipient, please refer to the person with whom you spend the most time when responding to this survey.

**Why is my participation in this survey important?**

The Heart of Recovery program is being designed to provide services, resources, and training opportunities to address the needs of persons who provide caregiver support to military personnel. As a caregiver, your participation in this survey is critical because this program will assist you, your family, your friends, and ultimately your care recipient. The information we learn from this survey will help us build a program designed specifically to meet your needs.

**What information am I required to provide and what is voluntary?**

Your participation in this survey is voluntary, and your information will be kept private to the extent permitted by law. You may complete some or all of the survey. If you are uncomfortable answering an item, you may skip that item and move on to the next item. You may discontinue participation in this survey at any time. Please do not take the survey more than once.

**What are the potential risks associated with participation in this survey?**

The primary risk to you is emotional upset and discomfort as a result of completing the survey questions. Participation in this survey might also involve risks that are currently unknown or unforeseeable.

**What are the potential benefits associated with participation in this survey?**

It is unknown whether you will get any benefits by taking part in this study. We do not know if the Military Caregivers Heart of Recovery program will be helpful to you. That is why this survey is being conducted. There may be no personal benefit from your participation, but the information gained by doing this survey may help others.

**Who can I contact to ask questions about this public health survey?**

If you have any questions about this survey, please contact the Public Health Assessment Division at [usarmy.apg.medcom-phc.mbx.hpwebcontacts@mail.mil](mailto:usarmy.apg.medcom-phc.mbx.hpwebcontacts@mail.mil).

If you agree to participate in this survey, please press NEXT.



Next

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Windows taskbar with icons for Start, Search, File Explorer, Edge, Outlook, Word, PowerPoint, and system tray showing 1:32 PM on 4/30/2018.



Browser navigation bar with address: <https://usaphcapps.amedd.army.mil/Survey/TestSurvey.aspx?s=251137453970E888&m=1&tr=1>

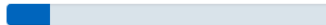
Your Testing URL: <https://usaphcapps.amedd.army.mil/Survey/se/251137453970E888>



## Section A. Introduction

1. Are you over eighteen years of age or older?

- Yes
- No



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Browser menu: File Edit View Favorites Tools Help

Browser toolbar: Convert Select

Your Testing URL: <https://usaphcapps.amedd.army.mil/Survey/se/251137453970E888>



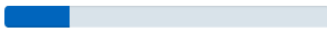
2. Do you provide regular supervision or assistance to a **wounded, ill, injured, or impaired** Service Member with any of the tasks below? **Please select all that apply.**

- Cooking
- Driving
- Using the telephone or computer
- Shopping
- Keeping track of finances
- Ensuring safety
- Arranging paid services
- Walking
- Standing
- Bathing
- Dressing
- Toileting
- Personal hygiene
- Eating
- Caring for wounds
- Housework
- Recreational activities
- Scheduling and managing Military Command activities (e.g. mustering)
- Scheduling and managing medical services (e.g. scheduling appointments)
- Managing medications and/or medical equipment
- Assisting with physical therapy exercises
- Assisting with memory tasks
- Career planning
- Helping to cope with post-traumatic stress disorder (PTSD)
- Other. Please Specify:

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- Cooking
- Driving
- Using the telephone or computer
- Shopping
- Keeping track of finances
- Ensuring safety
- Arranging paid services
- Walking
- Standing
- Bathing
- Dressing
- Toileting
- Personal hygiene
- Eating
- Caring for wounds
- Housework
- Recreational activities
- Scheduling and managing Military Command activities (e.g. mustering)
- Scheduling and managing medical services (e.g. scheduling appointments)
- Managing medications and/or medical equipment
- Assisting with physical therapy exercises
- Assisting with memory tasks
- Career planning
- Helping to cope with post-traumatic stress disorder (PTSD)
- Other. Please Specify:
- No, my Soldier does not require continuous assistance or supervision with any tasks due to being wounded, ill, injured, or impaired.



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Thank you so much for your interest in participating in this survey. It is very important that we hear about the needs of caregivers providing support to our Service Members. At this time, the survey is only approved for adult caregivers of Service Members at Joint Base San Antonio, Joint Base Lewis McChord, Fort Sill, and Fort Bragg. These survey efforts may be expanded in the future. If you have an immediate need or questions regarding this effort, please email [usarmy.apg.medcom-phc.mbx.hpwwbcontacts@mail.mil](mailto:usarmy.apg.medcom-phc.mbx.hpwwbcontacts@mail.mil).

The Wounded Soldier & Family Hotline (WSFH) at (800) 984-8523 ([wfsupport@conus.armymil](mailto:wfsupport@conus.armymil)) is standing by to help if needed. The WSFH is a resource, facilitator and problem solver for Service members and their families. The hotline is available 24/7 to any beneficiary seeking assistance for a medical issue or concern.

You can also visit <http://militarycaregiver.health.mil> for more information on Caregiving and resources available to you.

Thank you for the care you provide to our men and women in uniform.

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# Page 4 (if they select "No" that they do not provide care to a wounded ill, or injured service member)



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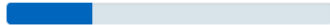
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3. What social, emotional, or spiritual support do you provide to your care recipient? **Please select all that apply.**

- Providing pet care
- Comforting my care recipient
- Discussing stressful topics with my care recipient
- Helping my care recipient relax
- Helping my care recipient with healthy living decisions
- Engaging in activities of faith (e.g. praying)
- Guiding my care recipient in meditation
- Providing inspirational/uplifting material
- Engaging in activities of faith with the care recipient
- Helping my care recipient deal with perceived disgrace or stigma from others
- Other. Please Specify:
- My Soldier does not require social, emotional, or spiritual support due to being wounded, ill, injured, or impaired.



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4. What best describes your care recipient?

- Army Active Duty
- Army Reserve
- Army National Guard
- Army Veteran (former Soldier separated from the Military)
- Army Other. Please Specify:
- Air Force Active Duty
- Air Force Reserve
- Air National Guard
- Air Force Veteran (former Airman separated from the Military)
- Air Force Other. Please Specify:
- Navy Active Duty
- Navy Reserve
- Coast Guard
- Navy Veteran (former Sailor separated from the Military)
- Navy Other. Please Specify:
- Marine Corps Active Duty
- Marine Corps Reserve
- Marine Corps Veteran (former Marine separated from the Military)
- Marine Corps Other. Please Specify:

5. With what installation is your care recipient affiliated?

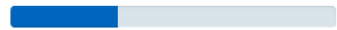
- Joint Base Lewis McChord (JBLM)
- Joint Base San Antonio (JBSA)
- Fort Sill
- Fort Bragg

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- Army Active Duty
- Army Reserve
- Army National Guard
- Army Veteran (former Soldier separated from the Military)
- Army Other. Please Specify:
- Air Force Active Duty
- Air Force Reserve
- Air National Guard
- Air Force Veteran (former Airman separated from the Military)
- Air Force Other. Please Specify:
- Navy Active Duty
- Navy Reserve
- Coast Guard
- Navy Veteran (former Sailor separated from the Military)
- Navy Other. Please Specify:
- Marine Corps Active Duty
- Marine Corps Reserve
- Marine Corps Veteran (former Marine separated from the Military)
- Marine Corps Other. Please Specify:

5. With what installation is your care recipient affiliated?

- Joint Base Lewis McChord (JBLM)
- Joint Base San Antonio (JBSA)
- Fort Sill
- Fort Bragg
- Other. Please Specify:



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# Page 6 (if they choose Q5 “other” installation)



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## Section B. Caregiver Support

*This section will ask questions regarding your relationship to the Service Member to whom you provide care or assistance. If you provide care to more than one Service Member, please refer to the Service Member with whom you spend the most time (primary care recipient).*

6. What is your relationship with your care recipient?

- Spouse
- Significant Other (Boyfriend/Girlfriend/Partner)
- Parent
- Child
- Grandchild
- Sibling
- Aunt/Uncle
- Niece/Nephew
- Cousin
- Friend
- Unit Member
- Support Group Member
- Other. Please Specify:



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7. Approximately, how far away do you live from your care recipient?

- I live with my care recipient
- Less than 5 miles
- 6-10 miles
- 11-20 miles
- 21-60 miles
- 61-100 miles
- More than 100 miles

8. Did you relocate to care for your care recipient?

- Yes
- No

9. Where is your care recipient currently residing?

- At home
- In the hospital
- Extended-care facility
- Other: Please Specify:

10. Approximately, how many days **per week** do you provide support to your care recipient?

- Less than one
- One
- Two
- Three
- Four
- Five

10. Approximately, how many days **per week** do you provide support to your care recipient?

- Less than one
- One
- Two
- Three
- Four
- Five
- Six
- Seven

11. Approximately, how many hours **per day** do you provide support to your care recipient (on the days that you provide care)?

- Less than 1 hour per day
- 1-4 hours
- 5-8 hours
- 9-12 hours
- 13-16 hours
- 17 or more hours

12. Please type the number of other people (besides you) who provide support to the care recipient from each category.

Spouse	<input type="text"/>
Significant other (e.g., girlfriend, boyfriend, partner)	<input type="text"/>
Children	<input type="text"/>
Extended family (e.g., grandparent, grandchild, aunt, uncle, cousin)	<input type="text"/>
Friends	<input type="text"/>
Military connections	<input type="text"/>
Religious organization members	<input type="text"/>



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- Six
- Seven

11. Approximately, how many hours **per day** do you provide support to your care recipient (on the days that you provide care)?

- Less than 1 hour per day
- 1-4 hours
- 5-8 hours
- 9-12 hours
- 13-16 hours
- 17 or more hours

12. Please type the number of other people (besides you) who provide support to the care recipient from each category.

Spouse	<input type="text"/>
Significant other (e.g., girlfriend, boyfriend, partner)	<input type="text"/>
Children	<input type="text"/>
Extended family (e.g., grandparent, grandchild, aunt, uncle, cousin)	<input type="text"/>
Friends	<input type="text"/>
Military connections	<input type="text"/>
Religious organization members	<input type="text"/>
Home health aide/nurse	<input type="text"/>

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### Section C. Level of Caregiver Burden

This section will ask questions regarding physical, emotional, and financial burden caused by providing caregiver support.

13. Approximately how much of your personal funds were used to provide caregiver support in the past 12 months?

- I do not spend my own personal funds to provide caregiver support
- Less than \$1,000
- \$1,000-9,999
- \$10,000-\$19,999
- \$20,000-\$29,999
- \$30,000-\$39,999
- \$40,000-\$49,999
- \$50,000 or more

14. Please mark the appropriate response for the questions below.

	Never	Rarely	Sometimes	Quite Frequently	Nearly Always
Has providing caregiver support affected your ability to work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you feel that because of the time you spend with your care recipient you don't have enough time for yourself?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you feel embarrassed over your care recipient's behavior?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you feel angry when you are around your care recipient?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you feel that your care recipient currently affects your relationships with other family members or friends in a negative way?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are you afraid of what the future holds for your care recipient?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you feel your care recipient is dependent on you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you feel strained when you are around your care recipient?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Do you feel strained when you are around your care recipient?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you feel your health has suffered because of your involvement with your care recipient?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you feel that you don't have as much privacy as you would like because of your care recipient?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you feel that your social life has suffered because you are caring for your care recipient?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you feel uncomfortable about having friends over because of your care recipient?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you feel that your care recipient seems to expect you to take care of him/her as if you were the only one he/she could depend on?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you feel that you don't have enough money to take care of your care recipient in addition to the rest of your expenses?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you feel that you will be unable to take care of your care recipient much longer?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you feel you have lost control of your life since your care recipient's illness?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you wish you could leave the care of your care recipient to someone else?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you feel you should be doing more for your care recipient?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you feel you could do a better job in caring for your care recipient?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall, how burdened do you feel in caring for your care recipient?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you feel others scorn you because you care for your care recipient?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. How much has your caregiving experience helped you:

	Not at all	Just a Little	Undecided	Somewhat	Very Much
Grow as a person since caring for your care recipient?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Learn to do things you didn't do before since caring for your care recipient?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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### Section D. Care Recipient

The next section will ask questions regarding the person to whom you provide caregiver support.

16. How old is your care recipient?

- 18 – 30 years
- 31 to 55 years
- 56 to 65 years
- 66 to 80 years
- 81 years or older
- I don't know

17. How many times has your care recipient been injured on a named operational deployment (e.g., Operation Enduring Freedom)?

- Unsure
- Never
- Once
- Twice
- Three times
- Four times
- Five times or more

18. Does your care recipient have any of the following conditions? **Please select all that apply and indicate whether they were service related or not:**

	Yes, Service Related	Yes, not Service Related	No
Amputation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anger management issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. Does your care recipient have any of the following conditions? **Please select all that apply and indicate whether they were service related or not:**

	Yes, Service Related	Yes, not Service Related	No
Amputation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anger management issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anxiety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Burns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Contusion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dislocation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fracture	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heart disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Internal injury	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Open wounds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Post-traumatic stress disorder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sprains / strains	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Traumatic brain injury	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleep disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance use or abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other health condition (including behavioral or mental health conditions)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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Section E. Health Status of the Caregiver

This section will ask questions regarding **your** current health status.

20. In general, how would you describe your current health status?

- Excellent
- Very good
- Good
- Fair
- Poor

21. Do you have any of the following conditions? **Please select all that apply.**

- Alzheimer's Disease
- Anxiety
- Arthritis
- Autoimmune Disease
- Asthma
- Bipolar Disorder
- Cancer
- Chronic Kidney Disease
- Chronic Obstructive Pulmonary Disease (COPD)
- Cystic Fibrosis
- Depression
- Diabetes
- Glaucoma
- Heart disease
- Injuries

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21. Do you have any of the following conditions? **Please select all that apply.**

- Alzheimer's Disease
- Anxiety
- Arthritis
- Autoimmune Disease
- Asthma
- Bipolar Disorder
- Cancer
- Chronic Kidney Disease
- Chronic Obstructive Pulmonary Disease (COPD)
- Cystic Fibrosis
- Depression
- Diabetes
- Glaucoma
- Heart disease
- Injuries
- Muscular Dystrophy
- Obesity
- Osteoporosis
- Parkinson's Disease
- Physical Impairments
- Post-traumatic Stress Disorder (PTSD)
- Schizophrenia
- Sleep Disorders
- Substance Use or Abuse
- Other. Please Specify:

22. Please mark the appropriate response for the questions below.

- Without any difficulty
- With a little difficulty
- With some difficulty
- With much difficulty
- Unable to do

22. Please mark the appropriate response for the questions below.

	Without any difficulty	With a little difficulty	With some difficulty	With much difficulty	Unable to do
Are you able to do chores such as vacuuming or yard work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are you able to go up and down stairs at a normal pace?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are you able to go for a walk for at least 15 minutes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are you able to run errands and shop?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

23. During the past 7 days...

	Not at all	A Little Bit	Somewhat	Quite a Bit	Very Much
I felt fatigued	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I had trouble starting things because I was tired	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt run down	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My sleep was refreshing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I had a problem with my sleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I had difficulty falling asleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

24. During the past 7 days...

	Very Poor	Poor	Fair	Good	Very Good
My sleep quality was...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

25. Overall, how would you rate the current level of stress in your work life?

- Much less than usual
- Less than usual
- About the same as usual
- More than usual



I felt run down	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My sleep was refreshing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I had a problem with my sleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I had difficulty falling asleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

24. During the past 7 days...

	Very Poor	Poor	Fair	Good	Very Good
My sleep quality was...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

25. Overall, how would you rate the current level of stress in your **work** life?

- Much less than usual
- Less than usual
- About the same as usual
- More than usual
- Much more than usual
- Does not apply. I do not work for pay or for my family business or farm.

26. Overall, how would you rate the current level of stress in your **personal** life?

- Much less than usual
- Less than usual
- About the same as usual
- More than usual
- Much more than usual



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Section F. Services & Resources

The next section will discuss the resources or services being used or needed to provide caregiver support.

27. What would help you become a more effective caregiver? **Please select all that apply.**

- Transportation
- Assistance accessing spiritual services
- Assistance navigating the military/VA health system/health insurance for my care recipient
- Access to short-term care for my care recipient
- Assistance with living arrangements
- Assistance acquiring life or disability insurance for my care recipient
- Assistance with creating a living will, advanced directive, or trust fund
- Assistance with assigning power of attorney, estate executor, or custody/guardianship of your care recipient
- Assistance taking care of my personal responsibilities
- Assistance acquiring health insurance for myself
- Access to military healthcare resources for myself
- Access to healthcare resources for myself
- Flexibility with my job
- Assistance finding a job for myself
- Social support
- Child and family support
- Education or training to be a better caregiver
- Other. Please Specify:

28. What resources or services have you used to provide caregiver support? **Please select all that apply.**

- Army Community Center
- Army Family Team Building

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28. What resources or services have you used to provide caregiver support? **Please select all that apply.**

- Army Community Center
- Army Family Team Building
- Army Wellness Center
- Army Wounded Warrior Program
- Behavioral Health System of Care
- Catholic Charities
- Comprehensive Soldier and Family Fitness
- Defense Center of Excellence
- Defense Health Agency Clinical Support Division
- Employment Readiness Program
- Family Advocacy Program
- Family Medical Leave Act
- Family Overcoming Under Stress
- Federal Recovery Coordination Program (FRCP)
- G.I. Forum
- inTransition
- Military & Family Counseling Program
- Military Warriors Support Foundation
- National Intrepid Center of Excellence
- Peer Support Coordinator
- Operation Comfort
- Operation Finally Home
- Ready and Resilient Campaign
- Recovery Care Coordination Program
- Reintegrate, Educate, and Advocate Combatants in Health Care (REACH)
- San Antonio Coalition for Veterans
- Soldier for Life
- Soldier and Family Assistance Centers (SFAC)
- Soldier for Life Transition Assistance Program
- Strong Bonds

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- Ready and Resilient Campaign
- Recovery Care Coordination Program
- Reintegrate, Educate, and Advocate Combatants in Health Care (REACH)
- San Antonio Coalition for Veterans
- Soldier for Life
- Soldier and Family Assistance Centers (SFAC)
- Soldier for Life Transition Assistance Program
- Strong Bonds
- TRICARE
- United States Army Reserve Care Coordination
- United States Special Operations Command Care Coalition
- United Way
- USO
- Wounded Soldier & Family Hotline
- Wounded Warrior Project
- Yellow Ribbon Reintegration Program
- Other. Please Specify:

29. **Please select all** forms of assistance that were provided to you by the installation once your care recipient entered the Military Treatment Facility:

- Not applicable, my care recipient did not enter or visit a Military Treatment Facility
- Assistance traveling to visit your care recipient
- Assistance paying for food or gas
- Assistance acquiring local lodging
- Assistance getting acquainted with the installation
- Assistance completing Military Treatment Facility paperwork
- Other. Please Specify:



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Section G. Caregiver Support Training

The next section will assess your desire for additional training and education.

30. Would you be interested in participating in caregiver training?

- Yes
- No



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### Section G. Caregiver Support Training

The next section will your specific training and education needs, if you indicated you desired additional training or education per the above question.

31. Which of the following topics would you be interested in learning more about? **Please select all that apply.**

- My care recipient's condition
- Legal help for myself
- Career transition for myself
- Physical care skills (e.g. changing wound dressings, delivering medications, assisting with activities of daily living, physical therapy exercises)
- Navigating visits to the doctor/hospital
- Navigating insurance companies
- Emotional support for myself (e.g. stress management, conflict resolution)
- Financial support for myself
- Caregiver support groups
- Other. Please Specify:

32. How would you like to receive caregiver training? **Please select all that apply.**

- In person seminar training
- In person hands-on training
- Online webinar/tutorial
- Online discussion forum
- Smart phone application
- Other. Please Specify:

33. In your opinion, what would be an appropriate length for an individual training session?

- 15 minutes
- 30 minutes

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- Caregiver support groups
- Other. Please Specify:

32. How would you like to receive caregiver training? **Please select all that apply.**

- In person seminar training
- In person hands-on training
- Online webinar/tutorial
- Online discussion forum
- Smart phone application
- Other. Please Specify:

33. How much time would you be willing to spend in a training session?

- 15 minutes
- 30 minutes
- 45 minutes
- 1 hour
- 2 hours
- More than 2 hours

34. How often would you like to receive caregiver training?

- Once a week
- Once a month
- Once a quarter
- Twice a year
- Once a year
- Less than once a year



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Section H. Caregiver Demographic Characteristics

*These few questions relate to **your** demographic characteristics.*

35. What is your biological sex?

- Male
- Female

36. How old are you?

- 18 – 30 years
- 31 to 55 years
- 56 to 65 years
- 66 to 80 years
- 81 years or older

37. What is your marital status?

- Married, not legally separated or filing for divorce
- Separated or filing for divorce
- Divorced
- Widowed
- Never married

38. Are you Spanish/Hispanic/Latino?

- No, not Spanish/Hispanic/Latino
- Yes, Mexican, Mexican-American, Chicano, Puerto Rican, Cuban, or other Spanish/Hispanic/Latino

39. What is your race? Mark one or more races to indicate what you consider yourself to be





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38. Are you Spanish/Hispanic/Latino?

- No, not Spanish/Hispanic/Latino
- Yes, Mexican, Mexican-American, Chicano, Puerto Rican, Cuban, or other Spanish/Hispanic/Latino

39. What is your race? *Mark one or more races to indicate what you consider yourself to be.*

- American Indian or Alaska Native
- Asian (e.g. Asian Indian, Chinese, Filipino, Japanese, Korean, or Vietnamese)
- Black or African American
- Native Hawaiian or Other Pacific Islander (e.g. Samoan, Guamanian, or Chamorro)
- White

40. What is the highest degree or level of education you have completed?

- Some high school, no diploma
- Trade school certificate
- High school graduate, diploma equivalent
- Some college credit, no degree
- Associate degree
- Bachelor's degree
- Master's degree
- PhD or Professional Degree

41. Which of the following best describes your current work status?

- Full-time employee (for an external company or agency working 40 hours a week or more)
- Part-time employee (for an external company or agency working 1 or more hours per week)
- Unemployed
- Self-employed
- Other. Please Specify:

42. What is your annual household income from all sources?

- Less than \$25,000
- \$25,000-\$49,999

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42. What is your annual household income from all sources?

- Less than \$25,000
- \$25,000-\$49,999
- \$50,000-\$99,999
- \$100,000 or more

43. How did you hear about this survey? **Please select all that apply.**

- Pharmacy
- Community Health Promotion Council
- Senior Spouse
- Army Community Services
- Family Readiness Group
- Mobilization, Deployment, and Stability Support Operations
- Army Wounded Warrior Care
- Family Readiness Support Assistant
- Poster
- Brochure
- Tip Card
- Table tent
- Facebook
- Twitter
- .Mil website
- Medical Treatment Facility
- Email
- Article (online)
- Article (print)
- Other. Please Specify:

44. Is there anything else you would like to share about your experience being a caregiver? Please do not include any Personally Identifiable Information (PII) in your response.

Text input field

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\$100,000 or more

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- Tip Card
- Table tent
- Facebook
- Twitter
- .Mil website
- Medical Treatment Facility
- Email
- Article (online)
- Article (print)
- Other. Please Specify:

44. Is there anything else you would like to share about your experience being a caregiver? Please do not include any Personally Identifiable Information (PII) in your response.

Text

Submit Survey

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The United States Army Public Health Center appreciates your participation in this survey. If you have additional questions, please contact the Health Promotion and Wellness Directorate at [usarmy.apg.medcom-phc.mbx.hpwwebcontacts@mail.mil](mailto:usarmy.apg.medcom-phc.mbx.hpwwebcontacts@mail.mil).

The Wounded Soldier & Family Hotline (WSFH) at (800) 984-8523 ([wfsupport@conus.armymil](mailto:wfsupport@conus.armymil)) is standing by to help if needed. The WSFH is a resource, facilitator and problem solver for Service members and their families. The hotline is available 24/7 to any beneficiary seeking assistance for a medical issue or concern.

You can also visit <http://militarycaregiver.health.mil> for more information on Caregiving and resources available to you.

Thank you for the care you provide to our men and women in uniform.

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