

# Survey of Caregivers in the Program of Comprehensive Assistance for Family Caregivers (PCAFC)



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## CAREGIVER SURVEY

### Welcome to the Caregiver Survey for the Department of Veterans Affairs (VA) Program of Comprehensive Assistance for Family Caregivers (PCAFC).

*(The program is also known as the “Caregiver Support Program,” “VA Stipend Program” or “Family Caregiver Program.”)*

This survey is confidential. VA will protect your identity and answers to the fullest extent allowed under law. We will combine your answers with other people who take this survey. As such, VA staff will not know any of your individual answers. Also, we will not release any of your information to the general public in a way that can be traced back to you.

The survey asks about Caregiver awareness, use, and satisfaction with the Program of Comprehensive Assistance for Family Caregivers (PCAFC). Even if you are not currently in PCAFC your feedback is important. This survey takes about 15 minutes to complete, depending on your experience in the program.

We want to hear about your personal experiences with the program. Your participation in this study is voluntary, but we hope you will choose to participate. No matter if you participate or not, your VA benefits or other benefits to which you are entitled **will not be affected**.

**Questions or concerns?** Call the Survey Information Line toll free at 1-888-203-1288 Monday through Friday, 8:00 a.m. until 8:00 p.m. Eastern time, or send an email to [support@VHASurvey.org](mailto:support@VHASurvey.org). In accordance with the Paperwork Reduction Act of 1995, comments concerning the burden estimate of the collection and any suggestions for reducing the burden may also be e-mailed to [support@VHASurvey.org](mailto:support@VHASurvey.org).

For questions about healthcare services at the VA, please contact the Health Resource Center toll free at 1-877-222-VETS (8387) Monday through Friday, 8:00 a.m. until 8:00 p.m. Eastern time.

Directions

Please mark your answers directly on the scannable form.

**Please use black lead pencil only.** Do not use ink or ball point pens.

Erase cleanly answers you wish to change.

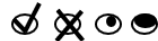
Please make no stray marks on survey.

Mark your answer by completely filling in the oval.

Correct Mark



Incorrect Mark



**SECTION A: Program of Comprehensive Assistance for Family Caregivers (PCAFC)**  
**Participation Status**

Q1. Are you currently enrolled in PCAFC as a Caregiver?

Yes (**PLEASE GO TO Q1a**)

No (**PLEASE GO TO Q1b**)

Q1a. How long have you been a Caregiver in PCAFC? Please select one response.

Less than 3 months

3-6 months

7-12 months

13-18 months

19-23 months

2-3 years

4-5 years

More than 5 years

Q1b. How long were you a Caregiver in PCAFC? Please select one response.

Less than 3 months

3-6 months

7-12 months

13-18 months

19-23 months

2-3 years

4-5 years

- More than 5 years

**SECTION B: Program of Comprehensive Assistance for Family Caregivers (PCAFC) Services**

- Q2. Are you aware of the following services available to support you? Please select all services you have heard about:
- Building Better Caregivers™
  - Caregiver Support Line
  - Caregiver Support Line Education Calls
  - CHAMPVA (Civilian Health and Medical Program of the Department of Veterans Affairs)
  - Mental Health services/counseling for you
  - Peer Support Mentoring Program
  - Reimbursement for eligible travel, lodging, and subsistence during the period the Veteran is traveling to and from, and receiving VA or VA authorized non-VA health care
  - REACH VA (Resources for Enhancing All Caregivers Health)
  - Respite Care
  - Self-Care Classes (Managing Stress, Problem Solving/Effective Communication, Taking Care of Yourself)
  - Stipend
  - Telephone Support Group Sessions for Caregivers
  - I am not aware of any of the services listed above





**SECTION C: Caregiver Support Coordinator**

Every VA medical center has at least one Caregiver Support Coordinator. This person may have helped you with the PCAFC application process or assisted in referring you to additional resources and services. This person serves as a point of contact for your local VA medical center Caregiver Support Program.

Q5. As a Caregiver, how helpful was it to have a Caregiver Support Coordinator as a designated person you could contact for assistance?

- Not helpful at all (**PLEASE GO TO Q5a**)
- Not very helpful (**PLEASE GO TO Q5a**)
- Neutral (**PLEASE GO TO Q6**)
- Helpful (**PLEASE GO TO Q6**)
- Very helpful (**PLEASE GO TO Q6**)
- Was not aware of the Caregiver Support Coordinator (**PLEASE GO TO Q6**)

Q5a. Which of the following explains why the Caregiver Support Coordinator was not helpful? Select all that apply.

- The Caregiver Support Coordinator was not responsive to my requests
- The Caregiver Support Coordinator did not follow-up with me
- The Caregiver Support Coordinator did not clearly communicate with me
- The Caregiver Support Coordinator could not provide the information I needed
- The Caregiver Support Coordinator was not familiar with my Veteran's specific health needs
- Other, please specify \_\_\_\_\_

Q6. How well were you updated by VA on your application status during the application process?

- Not at all
- Not very well
- Neutral
- Well
- Very well
- Don't remember

Q7. How well did the Caregiver Support Coordinator explain the following responsibilities to you as a Caregiver entering PCAFC?

Caregiver Responsibility	Not at All	Not Very Well	Neutral	Well	Very Well
<b>How well did the Caregiver Support Coordinator explain your overall responsibility to:</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
a. Work with the Veteran’s treatment team with the goal of supporting the Veteran reach the highest possible level of independence.			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Tell the Veteran's doctor and Caregiver Support Coordinator about changes to the Veteran's physical or mental health.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Be physically present for and participate in home visits.					
<b>How well did the Caregiver Support Coordinator explain your responsibility to tell the Caregiver Support Coordinator:</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. If you are no longer willing or able to serve as the Veteran's Primary Family Caregiver.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. If you or your Veteran is admitted to a hospital, long term care facility, rehabilitation facility, residential treatment program, or become incarcerated.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. If your address, telephone number or other contact information changes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. If your Veteran’s address changes.					
<b>If enrolled in CHAMPVA, the Civilian Health and Medical Program of VA, how well did the Caregiver Support Coordinator explain your responsibility to tell the Caregiver Support Coordinator if: (IF NOT ENROLLED IN CHAMPVA, PLEASE GO TO Q8)</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. You get health care coverage, such as a commercial health insurance plan, Medicare, Medicaid, or a Workers’ Compensation law or plan.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. You become eligible for TRICARE.					



**SECTION D: Program of Comprehensive Assistance for Family Caregivers (PCAFC)**  
**Staff Support**

- Q8. How often have you encountered issues because of lack of communication or miscommunication between PCAFC staff and your VA health care providers?
- Never
  - Rarely
  - Sometimes
  - Most of the time
  - Always
- Q9. How often do/did you feel that you were treated with respect by the PCAFC team?
- Never
  - Rarely
  - Sometimes
  - Most of the time
  - Always
- Q10. Other than financial support, what do/did you identify as your **primary need** as a Caregiver? Please select one response.
- Connections with other caregivers
  - Education/training to be a better caregiver
  - Physical help with caregiving
  - Self-care
  - Supportive counseling
  - Time away from caregiving
  - Other, please specify\_\_\_\_\_
- Q11. How well does/did PCAFC help you meet the **primary need** you identified above?
- Not at all
  - Not very well
  - Neutral
  - Well
  - Very well

Q12. Have contacts (home visits, telephone calls, tele-health visits) with PCAFC staff lead to additional or new VA services or resources?

Yes (**PLEASE GO TO Q12a**)

No (**PLEASE GO TO Q13**)

Q12a. Which of the following new or additional services or resources were received as a result of participation in PCAFC? Select all that apply.

Adaptive equipment for the Veteran (examples: grab bars, wheelchair, cane)

Aid and Attendance from the Veterans Benefits Administration for the Veteran

Home Based Primary Care

Home Improvements and Structural Alterations (HISA) Grant from the Veterans Benefits Administration for the Veteran

Homemaker/Home Health Aide

Veteran Directed-Home and Community Based Services

Referral to community agency for support

Other, please specify \_\_\_\_\_

Q13. Overall, how satisfied are/were you with PCAFC?

Very dissatisfied (**PLEASE GO TO Q13a**)

Dissatisfied (**PLEASE GO TO Q13a**)

Neutral (**PLEASE GO TO Q14**)

Satisfied (**PLEASE GO TO Q14**)

Very satisfied (**PLEASE GO TO Q14**)

Q13a. Which of the following explains why you are/were not satisfied? Select all that apply.

The application decision process was too lengthy

The clinical appeals process was confusing

My Caregiver Support Coordinator was not helpful

The education services provided to the Caregivers were not helpful

There was a lack of follow-up services

There was a lack of personalized communications (examples: phone calls, in-person meetings)

Poor customer service from VA staff

- There was a lack of useful information about the program
- The VA doctors had no knowledge about PCAFC and did not understand my role as the Veteran's Caregiver
- Other, please specify \_\_\_\_\_

Q14. In the space below, please provide any additional information about your experiences with the PCAFC, suggestions for additional support, or possible improvements. Your feedback will aid VA's understanding of Caregiver satisfaction and overall experience with PCAFC. Please note that your responses will not be linked to your identity.

THANK YOU FOR COMPLETING THE SURVEY.