



## **RESPITE PERFORMANCE MEASURE SURVEY**

OMB Control Number: [3045-XXXX]  
Expiration Date: 10/31/2024



**Thank you for taking the time to complete this survey. We would like to know how the AmeriCorps Seniors volunteer who has been providing respite care you has affected your life (as the caregiver).**

**All information will be kept confidential; please do not disclose your name. You may choose not to answer a question.**

**This 1st question is about how many hours of respite service that you may have received in the past 4 weeks from your AmeriCorps Seniors volunteer.**

**Tell us how many TOTAL HOURS in a typical week you received respite services.**

**Here is an example of how Mrs. Jones would answer question #1:**

**Her AmeriCorps Seniors volunteer usually spends one hour on Monday with and two hours on Wednesday providing respite services. Therefore, the total hours a week that she receives respite services is 3 hours a week.**

<b>1. In a typical week, my AmeriCorps Seniors Volunteer is with me for</b>	<input type="text"/> <input type="text"/> <b>hours of respite</b>
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**Please turn the page for the questions 2-12**



**Because I have a AmeriCorps Seniors volunteer assisting with Respite Care ...**

	<b>Strongly Disagree</b>	<b>Somewhat Disagree</b>	<b>Somewhat Agree</b>	<b>Strongly Agree</b>
<b>1) ... I feel less lonely.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2) ... I feel I have close ties to other people.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3) ... I am able to do the things I need to do.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4) ... I am able to do most things I want to do.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5) ... I am more satisfied with my life.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>6) ... The person I care for is able to remain at home.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7) ... I am able to get short-term rest and relief.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8) ... I am able to find time to run errands.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>9) ... I am able find time to attend to my personal and health care needs.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>10) Overall, I am satisfied with the Caregiver Respite AmeriCorps Seniors volunteer.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>11) Overall, the AmeriCorps Seniors</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



<b>program has met my expectations.</b>				
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