

## Employed Family Caregiver Survey

The Employed Family Caregiver Survey will collect data to provide information about family caregiving to your employer. Results will be shared with your employer and they may be used in academic journals and other research. There are no known risks to you to take this survey. You must be at least 18 or older (19 or older in Nebraska and Alabama) to participate. Your answers to the questions are anonymous. Any reports prepared will be released only as summaries in which no individual's answers can be identified. This survey is voluntary. You are free to decide not to participate and can withdraw at anytime without harming your relationship with the researchers or institutions involved. This survey is approved by the University of Nebraska Institutional Review Board (#200608523 EP).

If you are willing to participate in the survey, please answer the questions below. This survey will take less than 10 minutes to complete.

*Please put a mark in the box next to your answers.*

1. Have you provided any of the following tasks for an adult (18 years or older) family member or friend who is chronically ill, disabled, aged, or frail in the past 6 months?

### YES

- Driving to doctor appointments or other services
- Arranging or preparing meals
- Grocery shopping
- Assisting with home maintenance, repairs or yard work
- Providing personal care (bathing, dressing, feeding)
- Completing forms or documents (legal, insurance)
- Assisting with bill payment
- Arranging services for a long distance friend or relative
- Housekeeping tasks (cleaning, laundry)
- Assisting with medications (setup, dosing)
- Providing cash to pay their bills

If you answered "YES" to any of the above items, please go on to the next page. If you did not check any boxes in question 1, please go directly to question 15 on the last page.

**You are a caregiver! The following questions are about your caregiving experience.**

**2. For how many adults do you currently provide care?**

- One
- Two
- Three
- Four
- Five or More

**If you care for more than one person, please think of the person for whom you provide the most care when responding to the following questions.**

**3. Is the person you are providing care for a:**

- Parent or Parent-in-Law
- Brother or Sister
- Spouse
- Adult Child
- Grandparent
- Other Relative
- Friend
- Neighbor

**4. Are you the primary caregiver for the individual indicated above?**

- Yes
- No

**5. Does this person have a memory impairment, such as Alzheimer's Disease or another form of dementia?**

- Yes
- No

**6. Where does the person for whom you have caregiving responsibility live?**

- With you
- In own residence
- In a care facility (nursing home, assisted living facility, etc.)
- With another family member
- With an unrelated person, such as a friend
- Other (please specify)

**7. How far from you does the person for whom you have caregiving responsibility live?**

- Less than an hour away
- One hour or more away

**8. How long have you been providing care for this person?**

- Less than one year
- 1 - 5 years
- 6 - 10 years
- 11 - 15 years
- 16 years or more

**9. In a typical week, about how many hours of care do you provide for this person?**

- 0 - 7 hours per week
- 8 - 14 hours per week
- 15 - 21 hours per week
- 22 hours or more per week

**10. Do you think you will be able to continue providing care for the individual as long as it is necessary?**

- Yes, with the same help I currently receive
- Yes, but with additional help
- No
- Not sure

**11. When was the last time you were able to take a vacation that allowed you time away from your caregiving responsibilities?**

- Less than 6 months ago
- Between 6 - 12 months ago
- Between 13 months - 2 years ago
- More than 2 years ago

**Remember that your responses are anonymous.**

**12.** In the past year, have your caregiving responsibilities caused you to:

YES

- Arrive at work late
- Leave work early
- Miss days of work
- Take leave of absence
- Be at work but feel unable to focus
- Use break or lunch times to arrange for caregiving services
- Respond to calls or emergencies during work hours
- Rearrange your work schedule
- Cut hours of work
- Turn down work-related travel
- Turn down a promotion
- Turn down work relocation
- Consider changing employer
- Consider leaving work entirely

**13.** If you missed work due to caregiving, which of the following have you used to fulfill caregiving responsibilities? Check all that apply.

- I have not needed to miss work due to caregiving
- Sick leave
- Flexible hours
- Vacation
- Personal time
- Work from home
- Time off without pay

**14.** Overall, has providing or arranging care for the individual you are caring for made your current employment more difficult?

- Yes
- No

If you answered YES above, please provide an example below.

**15.** Please check all of the following family caregiving topics about which you would like to learn more. Check all that apply.

- Communicating with family members
- Communicating with health care professionals
- Communicating with your supervisor and work colleagues about your family caregiving situation
- Caregiving benefits offered through your employer
- Community resources to assist with caregiving tasks and responsibilities (in-home assistance, educational classes, support groups, etc.)
- Legal, financial and/or health care planning (powers of attorney for health care and finances, guardianship, estate planning, etc.)
- Finding and hiring paid help
- Exploring residential long-term care options (nursing home, assisted living facilities and other housing options)
- Juggling work and caregiving
- Coping with caregiving responsibilities, including stress management
- Personal care skills such as bathing, transferring, and feeding
- Dealing with problem behaviors (wandering, asking same question, etc.)
- Strategies to approach difficult decisions such as taking away driver's license, needing paid help, moving to care facility, etc.
- Dealing with loss and grief
- Understanding how your relationships change throughout the caregiver journey
- Long term care insurance

**16.** How would you prefer to receive caregiving information if it were made available at your workplace? Check all that apply.

- Lunchtime seminars
- Before or after work seminars
- Employee newsletters
- Fact sheets
- Individual meetings with someone to help you problem solve
- Other (please specify)
- On-site support groups
- Printed directory of caregiver services
- E-mail
- Online

**17.** Gender

- Female
- Male
- Prefer not to answer

**18.** Age

- 25 and under
- 26 – 35
- 36 – 45
- 46 – 55
- 56 – 65
- 66 - 75
- 76 and older
- Prefer not to answer

**19.** Race/Ethnicity

- American Indian
- Asian
- Black or African-American
- White
- Two or more races
- Other (please specify)
- Other (please specify)
- Prefer not to answer

**20.** Number of years employed by organization

- Less than one year
- 1 - 5 years
- 6 - 10 years
- 11 - 15 years
- 16 - 20 years
- 21 - 25 years
- 26 - 30 years
- 31 years or more
- Prefer not to answer

Thank You for Completing This Survey!