

# Post-Caregiver GAP Funding Survey

Funds for the Caregiver GAP Program were provided by the Older Americans Act (OAA) and Illinois Caregiver General Revenue Funds (GRF). Please complete this survey concerning your experience provided by (name of service provider used) \_\_\_\_\_.

We value your feedback. All surveys are confidential. We do not need your name on this form.

Please fill it out and return it in the envelope provided. Thank you for your time, we do appreciate your feedback.

1. Have you felt a reduction in care-giving stress because of having GAP funds?

Yes     No

**Please explain:**

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2. Regarding the use of Caregiver GAP funds, do you feel ...? (Check all that apply)

- More comfortable accepting help from others
- That I should have used GAP support earlier
- Other (Please Describe) \_\_\_\_\_

3. Has the use of Caregiver GAP funding made a positive difference to you and your family?

Yes     No

4. If given the opportunity, would you use Caregiver GAP services again?

Yes     No



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5. I feel .... (Check all that apply)
- More confident about asking for help or assistance with care of my loved one
  - More balance in my life in giving care and also trying to take care of myself
  - I have regained some enjoyable activities I had lost in caregiving
  - I am able to continue in my caregiving role for the foreseeable future
6. BEFORE receiving Caregiver GAP funds, how “stressed” were you as a result of caring for your family member?
- Low Stress
  - Moderate Stress
  - Very Stressful
7. NOW that you have received Caregiver GAP funds, how “stressed” are you as a result of caring for your family member?
- Low Stress
  - Moderate Stress
  - Very Stressful
8. Do you have someone you can call on in an emergency to fill in for you as a caregiver?
- Yes       No
9. Please indicate your overall level of satisfaction with the Caregiver GAP funding you recently received
- Completely Dissatisfied
  - Moderately Dissatisfied
  - Moderately Satisfied
  - Completely Satisfied



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10. Is there anything else that would help you in your caregiver role? **Please explain:**

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**Let's finish with some basic background information about you:**

What is your 5-digit zip code? \_\_\_\_\_

**Age:**       Under 60     60-64     65-74     75-84     85+

**Gender:**     Female     Male

Female to Male/Transgender Male       Male to Female/Transgender Female

Not listed above, please specify \_\_\_\_\_

Decline to answer

**Your Ethnicity:**       Not Hispanic or Latino       Hispanic or Latino

**Your Race:** (Check all that apply)

- American Indian or Native Alaskan
- Asian or Asian American
- Black or African American
- Middle Eastern or North African
- Native Hawaiian or Other Pacific Islander
- White
- Other Race \_\_\_\_\_
- 2 or More Races



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What is your relationship with the person receiving care?

**I am the...**

- |  |  |
|--|--|
| <input type="checkbox"/> Wife                                    | <input type="checkbox"/> Husband         |
| <input type="checkbox"/> Domestic Partner, including civil union |  |
| <input type="checkbox"/> Daughter/Daughter-in-law                | <input type="checkbox"/> Son/ Son-in-law |
| <input type="checkbox"/> Sister                                  | <input type="checkbox"/> Brother         |
| <input type="checkbox"/> Grandmother                             | <input type="checkbox"/> Grandfather     |
| <input type="checkbox"/> Mother                                  | <input type="checkbox"/> Father          |
| <input type="checkbox"/> Other Relative                          | <input type="checkbox"/> Non-Relative    |

You may also complete this survey online at <https://www.surveymonkey.com/r/KF3NBK3>

– Or use the QR Code –



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