

**Statewide Respite Care Program**

**Baseline Interview**

**Cover Sheet**

Name: \_\_\_\_\_

Case Number: \_\_\_\_\_

**Program: Ongoing Services – State Respite Program  
Baseline interview**

Date: \_\_\_\_\_

1a. Please tell me if your care recipient uses help with personal care. For example, does he/she use help taking a bath, dressing, or using the toilet?

- Yes → **If Yes,** Tell me if your care recipient:
- Receives enough
  - Needs more

- No → **If No,** Tell me if your care recipient:
- Does not need it
  - Does need it

1b. Please tell me if your care recipient uses help with household activities. For example, does he/she use help preparing meals, doing laundry, or doing household chores?

- Yes → **If Yes,** Tell me if your care recipient:
- Receives enough
  - Needs more

- No → **If No,** Tell me if your care recipient:
- Does not need it
  - Does need it

1c. Please tell me if your care recipient uses help with transportation.

- Yes → **If Yes,** Tell me if your care recipient:
- Receives enough
  - Needs more

- No → **If No,** Tell me if your care recipient:
- Does not need it
  - Does need it

2. To what extent do the services that your care recipient receives help you in your role as caregiver? Would you say...

- They help a lot
- They help a little
- They do not help
- They make things worse
- Does not receive any services

3. Here is a list of ways that you might feel as a caregiver. Please tell me if you feel this way never, sometimes, often, or always. Please choose only one answer for each question. *[Note to interviewer: if respondent has trouble choosing between two options, encourage him/her to choose the one that is the closest.]*

	<u>Never</u>	<u>Sometimes</u>	<u>Often</u>	<u>Always</u>
Do you feel that because of the time you spend with your relative that you don't have enough time for yourself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel stressed between caring for your relative and trying to meet other responsibilities (work/family)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel strained when you are around your relative?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel uncertain about what to do about your relative?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you find caregiving worthwhile?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel well-supported in your role of caregiver?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a good relationship with the person you care for?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel appreciated as a caregiver?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Here is a list of ways you might have felt or behaved during the past week. Please answer "yes" or "no" if you have felt this way in the past week. [Note to interviewer: if respondent has difficulty choosing, or indicates "in between" or "sometimes," please code answer as "yes."]

	<u>Yes</u>	<u>No</u>
I felt depressed.	<input type="checkbox"/>	<input type="checkbox"/>
I felt that everything I did was an effort.	<input type="checkbox"/>	<input type="checkbox"/>
My sleep was restless.	<input type="checkbox"/>	<input type="checkbox"/>
I was happy.	<input type="checkbox"/>	<input type="checkbox"/>
I felt lonely.	<input type="checkbox"/>	<input type="checkbox"/>
People were unfriendly	<input type="checkbox"/>	<input type="checkbox"/>
I enjoyed life.	<input type="checkbox"/>	<input type="checkbox"/>
I felt sad.	<input type="checkbox"/>	<input type="checkbox"/>
I felt that people disliked me	<input type="checkbox"/>	<input type="checkbox"/>
I could not "get going."	<input type="checkbox"/>	<input type="checkbox"/>