



Alliance for  
Community  
Respite  
Care



### Family After Service Survey

1. Did the services provided by the respite caregiver meet your needs?

Not at all     Somewhat     Moderately     Quite a bit     Extremely

2. Would you use the respite caregiver again?

Highly unlikely     Somewhat unlikely     Not sure     Somewhat likely     Highly likely

3. Was the respite provided in a way that kept your individual/family member healthy and safe?

Not at all     Somewhat     Moderately     Quite a bit     Extremely

Comments:

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4. Were you able to use the provider of your choice?     Yes     No     No preference

5. Would you use the Coalition as a referral and financial resource?

Highly unlikely     Somewhat unlikely     Not sure     Somewhat likely     Highly likely

6. Now that you are receiving respite care, how stressed are you as a result of caring for your child with special needs?

Not at all     Somewhat     Moderately     Quite a bit     Extremely

7. If respite care were to end now, how stressed would you be as a result of caring for your child with special needs?

Not at all     Somewhat     Moderately     Quite a bit     Extremely

8. How much do you think respite care improved your relationship with your child?

Not at all     Somewhat     Moderately     Quite a bit     Extremely

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

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

Date of Service \_\_\_\_\_