



6/10/2021 Qualtrics Survey Software

Thank you for your interest in taking this survey! The purpose of this survey is to help employers better understand how family caregiving responsibilities impact employees. Things you should know about this survey:

- Answers to survey questions will remain anonymous.
- The Wisconsin Family and Caregiver Support Alliance may use survey responses to better understand the needs of employed caregivers in Wisconsin more generally. Any reports produced using survey data will be summaries of combined responses. No individual's answers will be identifiable.
- Aggregate survey results, which do not identify individual survey participants, will be shared with employers who help distribute this survey to help them address the caregiver support needs of their workforce.
- This survey is voluntary, and participants can skip questions or end the survey at any time.

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

Think about the past 6 months. In that time, have you performed any of the following activities in order to help an adult family member or friend who has a chronic illness, disability, or other limitation due to age or poor health?

Check all that apply.

Assisting with medications (e.g., setup, dosing)

Arranging or preparing meals

Housekeeping tasks (e.g., cleaning, laundry)

Looking for or applying for support services or resources (e.g., respite care)

Providing personal care (e.g., bathing, dressing, feeding)

Providing financial support (e.g., giving money for household expenses)

Providing reassurance, emotional or logistical support by phone or in person

Grocery shopping

- Driving to doctor appointments or other services
- Arranging services for a long distance friend or relative
- Completing forms or documents (e.g., legal, insurance)
- Assisting with money management (e.g., paying bills)
- Assisting with home maintenance, repairs or yard work
- Assisting with nursing or medical tasks
- Other care due to illness, disability, aging, or health limitations
- No, I have not cared for a family member or friend with a health limitation

Think about the past 6 months. In that time, have you taken care of a child or young adult (age 17 or younger) who has a chronic illness, disability, or other special healthcare need? Please consider care beyond what is typical for other similarly aged children. Check all that apply.

- Assisting with nursing or medical tasks related to their special healthcare need
- Providing personal care (bathing, dressing, feeding), beyond what other similar-aged children need
- Coordinating activities and educational services that meet the child's needs (related to their illness, disability, or health limitations)
- Assisting with medications (setup, dosing) related to their special healthcare need
- Scheduling appointments or coordinating medical care across healthcare providers, beyond what other similar-aged children need
- Completing forms or documents (legal, insurance, social security, individual education plans) related to their special healthcare need
- Driving to doctor appointments or other services, other than regular check-ups or routine care
- Providing reassurance, emotional, or logistical support by phone or in person
- Looking for or applying for support services or resources (e.g., respite care)
- Other care due to illness, disability, or health limitations
- No, I have not cared for a child or young adult with a health limitation

How many individuals do you currently provide care for?

- One
- Two
- Three
- Four
- Five or more

Who do you provide care for?

Check all that apply

- Parent or parent-in-law
- Sibling
- Spouse, significant other, partner
- Child
- Grandparent
- Other relative
- Friend
- Neighbor

Which condition(s) does this person/do these people have?

Check all that apply

- Dementia, Alzheimer's or other memory loss
- Emotional or mental health condition
- Intellectual or developmental disability
- Long-term health condition (chronic conditions such as diabetes, COPD [chronic obstructive pulmonary disease], cancer, chronic pain)
- Shorter-term health condition (such as recovery from heart attack, broken bone, surgery)
- Other care needs (such as being frail, mobility issues)

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.

Are you the primary caregiver for the individual?

- Yes
- No

Who does this person live with?

- No one - they live alone
- With you
- With another family member
- With an unrelated person, such as a friend or roommate

Other

How far from you does this person live?

Less than an hour away

One hour or more away

Does this person live in a residential care or assisted living facility?

Yes

No

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

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 - 39 hours per week

40 hours or more per week

Thinking now of all the care you provide to the family members or friends you listed above, how many hours of care do you provide overall in a typical week?

0-7 hours per week

8-14 hours per week

15-21 hours per week

22-39 hours per week

40 hours or more per week

Do you think you will be able to continue providing care as long as it is necessary?

Yes, with the same help I currently receive

Yes, but with additional help

No

Not sure

When was the last time you were able to take an extended break of more than 24 hours 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

In the past year, have your caregiving responsibilities caused you to do any of the following?

Check all that apply

Be at work but feel unable to focus

Arrive at work late

Miss days of work

Consider changing employers

Cut hours of work

Rearrange your work schedule

Respond to calls or emergencies during work hours

Turn down work relocation

Leave work early

Turn down a promotion

Consider leaving work entirely

Turn down work-related travel

Take leave of absence

Use break or lunch times to arrange for caregiving services

Other work impact

My work was not impacted by my caregiving role

If you missed work due to caregiving, which of the following have you used to fulfill caregiving responsibilities?

Check all that apply

Sick leave

Flexible hours

Vacation

Personal time or other paid time off

Work from home

Time off without pay

I have not needed to miss work due to caregiving

Did you use FMLA (Family Medical Leave Act) or WFMLA (Wisconsin Family Medical Leave Act) protections during your leave?

Yes

No

Unsure/Prefer not to answer

Overall, has providing or arranging care for the individual(s) you are caring for made your current employment more difficult?

Yes

No

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

My current caregiving responsibilities have increased compared to before the COVID-19 pandemic.

Strongly agree

Agree

Neither agree nor disagree

Disagree

Strongly disagree

The pandemic has made it more difficult to balance my caregiving responsibilities and my job related work.

Strongly agree

Agree

Neither agree nor disagree

Disagree

Strongly disagree

The amount of time I have to myself has decreased as a result of the pandemic.

Strongly agree

Agree

Neither agree nor disagree

Disagree

Strongly disagree

Please answer this next question even if you are not currently a caregiver.

This will indicate what is of greatest interest should you be in a caregiving role in the future.

What family caregiving topics would you would like to learn more about?

Check all that apply

Long term care insurance

Information on how to balance work and caregiving responsibilities

Personal care skills such as bathing, transferring, and feeding

Exploring residential long-term care options (nursing home, assisted living facilities and other housing options)

Juggling work and caregiving

Information on how to balance family life and caregiving responsibilities

Finding and hiring paid help

Coping with caregiving responsibilities, including stress management

Communicating with health care professionals

Communicating with your supervisor and work colleagues about your family caregiving situation

Legal, financial and/or health care planning (e.g., powers of attorney for health care and finances, guardianship, estate planning)

Understanding how your relationships change throughout the caregiver journey

Caregiving benefits offered through your employer

Dealing with challenging behaviors (wandering, asking the same question, etc.)

Strategies to approach difficult decisions (e.g., taking away drivers license, needing paid help, moving to care facility)

Communicating with family members

Dealing with loss and grief

Community resources to assist with caregiving tasks and responsibilities (e.g., in-home assistance, educational classes, support groups)

Supporting daily activities (employment, transportation, social activities, etc.)

None

How would you prefer to receive caregiving information if it were made available at your workplace?

Check all that apply

On-site support groups

Lunchtime seminars

E-mail

Before or after work seminars

Online

Individual meetings with someone to help you problem solve

Printed directory of caregiver services

Employee newsletters

Fact sheets

Other (please specify)

What is your gender?

Male

Female

Nonbinary

Prefer not to answer

Another option not listed here

What is your age?

25 and under

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

19. Please indicate your race/ethnicity

Check all that apply

- American Indian or Alaska Native
- Asian
- Black or African-American
- Hispanic/Latinx/Spanish origin
- Middle Eastern or Northern African
- Native Hawaiian or other Pacific Islander
- White
- Prefer not to answer
- Another option not listed here

Please enter your home postal code (zip code).

We will use this information to understand how the experiences of employed caregivers differ across regions.

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What type of business or organization do you work for/represent?

- Public sector
- Private sector
- Self-employed
- Other

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