
ANONYMOUS SURVEY QUESTIONS FOR EMPLOYEES

We are soliciting this information to provide an eldercare friendly environment. Your responses will be kept confidential and no personal identifying information should be included. Thank you for your participation in this survey.

Completed surveys should be returned to _____ by _____.
(Location) (Date)

Are you involved in the care of an older adult? Do you regularly call and check on someone who is ill, frail or homebound? Do you buy groceries or take someone to the doctor? Do you care for someone in his or her home...or in your home...?

1. How many hours do you spend in a day _____ or in a week _____ assisting or caring for an older adult?

2. Do you know about community resources that might assist you or your loved one?

Yes _____ No _____

3. If you have used community resources, were they helpful?

Very _____ Somewhat _____ Not At All _____

Which ones?:

4. Are you familiar with helpful resource information ...

...on the web? Yes _____ No _____

...at the LOA Area Agency on Aging? Yes _____ No _____

...through EAP/local counseling services? Yes _____ No _____

...through home health agencies or hospices? Yes _____ No _____

...through Council of Community Services' Information & Referral Program? Yes _____ No _____

5. Are there resources that you have wondered about, looked for or couldn't afford?

If so, what were they? _____

6. Would you like more information about resources? Yes _____ No _____

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