

## **RESPIRE SERVICES**

### **CARER SERVICE EVALUATION SURVEY**

Alzheimer's Queensland is committed to delivering high quality services that are responsive to the needs of people in our care and their carers.

This evaluation survey is one of the ways that Alzheimer's Queensland gathers important information that helps us to assess the quality of our services and find ways of improving them.

Information provided through this survey will also assist us with creating quality improvement and funding applications. The feedback gathered will further contribute to the things we are already doing to measure how well we are meeting the Aged Care Quality Standards.

Your responses to this evaluation survey are confidential and will only be used for the purposes stated above. No personal identifying information will be collected or shared.

We are eager to receive responses from all our clients, so please take a few moments to provide your feedback. A **reply-paid** envelope has been provided for your convenience. Please use this envelope to return your survey.

**THANK YOU FOR TAKING THE TIME TO COMPLETE THIS EVALUATION  
OF OUR SERVICES.**

**YOUR FEEDBACK IS IMPORTANT TO US.**

**CARER SERVICE EVALUATION**

For each of the following questions, please place a **tick** in the box which best describes your opinion. Please feel free to make additional comments in the spaces provided.

1. Which of the following best describes your relationship to the person currently accessing the services?

- |                                            |                                         |
|--------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Spouse or partner | <input type="checkbox"/> Other relative |
| <input type="checkbox"/> Son or daughter   | <input type="checkbox"/> Friend         |
| <input type="checkbox"/> Brother or sister | <input type="checkbox"/> Other          |

2. Which services do you receive from the centre?

- |                                               |                                               |
|-----------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Centre based respite | <input type="checkbox"/> Social Support Group |
| <input type="checkbox"/> Overnight respite    | <input type="checkbox"/> Other                |
| <input type="checkbox"/> In-home respite      |                                               |

Other (please specify) .....

3. How long have you been using the support services?

- Less than six months
- Six months to 1 year
- 1 to 3 years
- More than 3 years

4. How helpful and supportive have **you** found the Community Services Manager and Multiservice Centre staff?

- Extremely helpful and supportive
- Very helpful and supportive
- Somewhat helpful and supportive
- Not helpful or supportive at all

Comments: .....

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5. How responsive do you think the staff are to the needs of the **person** that you care for?

- Extremely responsive
- Very responsive
- Somewhat responsive
- Not responsive at all

Comments: .....

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6. Do you feel that you are adequately consulted on decisions about the care plan for the person that you care for?  
Yes No

If 'no' how could this be improved? .....

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7. The services aim to provide information and support to carers.  
 Are we meeting your changing needs as a carer for information and support?  
 All the time  
 Most of the time  
 Some of the time  
 None of the time

Comments: .....

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8. Do you feel that fees and charges for services are made clear to you?  
Yes No

9. How would you rate the cost of fees and outing costs?  
 Very expensive  
 Expensive  
 Reasonable  
 Not expensive at all

Are you always able to afford to pay the fees and the cost of outings?  
Yes No

If 'no,' are satisfactory alternative arrangements made for you when this happens?  
Yes No

Comments: .....

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10. How would you rate the way the service is administered/delivered?

- Extremely efficient
- Very efficient
- Somewhat efficient
- Not efficient at all

Comments: .....

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11. Have you received details and explanations from staff at Alzheimer's Queensland about *(please tick 'yes' or 'no' for each item):*

- |                                                                                 |                              |                             |
|---------------------------------------------------------------------------------|------------------------------|-----------------------------|
| How to obtain personal information                                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| How to obtain advocacy and support services                                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Your rights to privacy and confidentiality                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Procedures for making complaints                                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Resolving disputes                                                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Out of hours respite                                                            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other AAQ support services such as the Dementia Help Line, Carer Support Groups | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

12. Alzheimer's Queensland has a written policy on responding to complaints and disputes. Have you ever made a complaint about problems you experienced with the service?

- Yes
- No

If 'yes', were you satisfied with the way this was handled?

- Yes
- No

Comments: .....

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13. As a carer, what is **your** greatest need?

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14. Are there any changes you would like to make to the services?

- Yes
- No

If 'yes' what could AQ services do to help you more?

- 1.....
- 2.....
- 3.....

15. As a carer, how helpful has **your** contact with Alzheimer's Queensland been?

- Extremely helpful
- Very helpful
- Somewhat helpful
- Not helpful at all
- Not sure yet

16. Overall, how beneficial do you think the service has been for the **person** that you care for?

- Extremely beneficial
- Very beneficial
- Somewhat beneficial
- Not beneficial at all
- Not sure yet

Additional comments: .....

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**Thank you for taking the time to complete this survey of respite services, it is very appreciated.**

**PLEASE RETURN TO US IN THE PROVIDED REPLY-PAID ENVELOPE**