

Caregiver Stress Economic Benefit Evaluation Survey

Community Care Corps, funded by the Administration for Community Living and administered by Oasis, Caregiver Action Network, USAging, and Altarum, supports organizations to provide volunteer-based nonmedical assistance to family caregivers, older adults, and people with disabilities to maintain independence in the community.

Through working with Community Care Corps programs, Oasis and Altarum have developed a customizable tool that enables organizations to estimate the probability that a caregiver suffers from depression. The tool uses a study of the cost of major depressive disorder to estimate the medical cost burden incurred for caregivers suffering from depression. This tool aims to help organizations make credible economic arguments for pursuing new partnerships. These arguments may be particularly convincing to policymakers, health insurance plans, traditional philanthropists, and other stakeholders who are interested in both social impact and financial returns.

By completing the questions below, you are providing valuable information to assist this organization to continue providing impactful programs to your community and use the tool. We understand that questions about your social connections are personal and sometimes sensitive. However, your honest responses are crucial to gain a better understanding of the experiences of older adults, people with disabilities and family caregivers. Thank you for taking the time to assist us.

How long have you or the person you care for been receiving volunteer assistance from this organization? Choose **one** of the following:

- ☐ I have not started receiving services yet
- ☐ Less than 6 months
- ☐ 6 months to 1 year
- ☐ More than 1 year

The following is a list of statements that reflect how people sometimes feel when taking care of another person. After each statement, choose how often you feel that way: never, rarely, sometimes, quite frequently, or nearly always. There are no right or wrong answers.

	Never	Rarely	Sometimes	Quite Frequently	Nearly Always
Do you feel you don't have enough time for yourself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel stressed between caring and meeting other responsibilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel your role as a caregiver has had a negative impact on your relationships with others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Never	Rarely	Sometimes	Quite Frequently	Nearly Always
Do you feel strained when you are around your friend or relative?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel your health has suffered or declined since you have been caring for your friend or relative?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel you have lost control of your life since your friend or relative's illness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How old are you today? _____

What is your employment status? Choose **one** of the following:

- ☐ Employed full-time (working 35 hours or more per week)
- ☐ Employed part-time (working less than 35 hours per week)
- ☐ Unemployed, but seeking work
- ☐ Not working due to retirement
- ☐ Not working due to disability
- ☐ Not working due to school enrollment
- ☐ Not working due to another reason

Which of the following best describes you? Choose **one** of the following:

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic or Latino
- ☐ Middle Eastern or North African
- ☐ Native Hawaiian or Pacific Islander
- ☐ White
- ☐ Prefer not to say

What is your sex? Choose **one** of the following:

- ☐ Male
- ☐ Female
- ☐ Prefer not to say

This project #90CCDG0002 is supported by the Administration for Community Living (ACL), U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$7,022,114 with 75 percent funded by ACL/HHS and \$1,756,886 or 25 percent funded by non-government source(s). The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by ACL/HHS, or the U.S. Government.