



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:

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 _____