

## EN\_informal caregivers\_for test only

Support4  
Resilience



Funded by  
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### Support4Resilience

You are invited to participate in a research study seeking to strengthen workforce resilience. This part of the study involves a survey seeking to understand your current workplace conditions, resilience and your feelings about your work. This research will help to inform the development and evaluation of a Support4Resilience Toolbox of resources and tools for aged care leaders to promote resilient performance and work-related wellbeing.

*Please press "Submit" or "Next page" to proceed, and press "previous page" to go back to the previous page. Mandatory fields are marked with an asterisk \*.*

*The survey will take approximately 10-15 minutes to complete. Initially, there will be some questions about how you feel as a person, followed by questions related to your work situation. The survey is designed to be anonymous, and any information that you provide will remain confidential.*

No information about your user account is automatically stored, even if you happen to be logged in. The form should not contain questions that render it possible to identify you based on your response. If the form despite this contains such questions, please contact the person or organization responsible for the form.

### If you are happy to participate, please click the "yes" button below

Yes

No

## Characteristics

### Age

*This element is only shown when the option 'Yes' is selected in the question 'If you are happy to participate, please click the "yes" button below'*

### Gender

*This element is only shown when the option 'Yes' is selected in the question 'If you are happy to participate, please click the "yes" button below'*

Female

Male

Other

### What is your education?

*This element is only shown when the option 'Yes' is selected in the question 'If you are happy to participate, please click the "yes" button below'*

None

Primary school

Secondary school

Less than three years of higher education (university or similar)

Bachelor/ three years of higher education (university or similar)

Master's degree

PhD

### **Length of time provided support for relatives**

*This element is only shown when the option 'Yes' is selected in the question 'If you are happy to participate, please click the "yes" button below'*

Less than 1 year

1 – 5 years

6 – 10 years

11 – 15 years

16 – 20 years

21 years or more

### **How much time do you spend on a weekly basis with the person(s) you are caregiver for?**

*This element is only shown when the option 'Yes' is selected in the question 'If you are happy to participate, please click the "yes" button below'*

1-5 hours a week

6-10 hours a week

11-20 hours a week

21-30 hours a week

More than 30 hours a week

Live together

### **Your feelings and thoughts**

**<b>Please select the answer that best describes your experience of each statement over the last 2 weeks.</b>**

I've been feeling optimistic about the future

*This element is only shown when the option 'Yes' is selected in the question 'If you are happy to participate, please click the "yes" button below'*

All of the time

Often

Some of the time

Rarely

None of the time

**I've been feeling useful**

*This element is only shown when the option 'Yes' is selected in the question 'If you are happy to participate, please click the "yes" button below'*

All of the time

Often

Some of the time

Rarely

None of the time

**I've been feeling relaxed**

*This element is only shown when the option 'Yes' is selected in the question 'If you are happy to participate, please click the "yes" button below'*

All of the time

Often

Some of the time

Rarely

None of the time

**I've been dealing with problems well**

*This element is only shown when the option 'Yes' is selected in the question 'If you are happy to participate, please click the "yes" button below'*

All of the time

Often

Some of the time

Rarely

None of the time

**I've been thinking clearly**

*This element is only shown when the option 'Yes' is selected in the question 'If you are happy to participate, please click the "yes" button below'*

All of the time

Often

Some of the time

Rarely

None of the time

**I've been feeling close to other people**

*This element is only shown when the option 'Yes' is selected in the question 'If you are happy to participate, please click the "yes" button below'*

All of the time

Often

Some of the time

Rarely

None of the time

**I've been able to make up my own mind about things**

*This element is only shown when the option 'Yes' is selected in the question 'If you are happy to participate, please click the "yes" button below'*

All of the time

Often

Some of the time

Rarely

None of the time

## How you feel about and handle different situations

For each item, choose what best indicates how much you agree with the following statements as they apply to you over the last month. If a particular situation has not occurred recently, answer according to how you think you would have felt.

### Able to adapt to change

*This element is only shown when the option 'Yes' is selected in the question 'If you are happy to participate, please click the "yes" button below'*

Not true at all

Rarely true

Sometimes true

Often true

True nearly all of the time

### Can deal with whatever comes

*This element is only shown when the option 'Yes' is selected in the question 'If you are happy to participate, please click the "yes" button below'*

Not true at all

Rarely true

Sometimes true

Often true

True nearly all of the time

### Tries to see humorous side of problems

*This element is only shown when the option 'Yes' is selected in the question 'If you are happy to participate, please click the "yes" button below'*

Not true at all

Rarely true

Sometimes true

Often true

True nearly all of the time

### Coping with stress can strengthen me

*This element is only shown when the option 'Yes' is selected in the question 'If you are happy to participate, please click the "yes" button below'*

*below'*

Not true at all

Rarely true

Sometimes true

Often true

True nearly all of the time

#### **Tend to bounce back after illness or hardship**

*This element is only shown when the option 'Yes' is selected in the question 'If you are happy to participate, please click the "yes" button below'*

Not true at all

Rarely true

Sometimes true

Often true

True nearly all of the time

#### **Can achieve goals despite obstacles**

*This element is only shown when the option 'Yes' is selected in the question 'If you are happy to participate, please click the "yes" button below'*

Not true at all

Rarely true

Sometimes true

Often true

True nearly all of the time

#### **Can stay focused under pressure**

*This element is only shown when the option 'Yes' is selected in the question 'If you are happy to participate, please click the "yes" button below'*

Not true at all

Rarely true

Sometimes true

Often true

True nearly all of the time

**Not easily discouraged by failure**

*This element is only shown when the option 'Yes' is selected in the question 'If you are happy to participate, please click the "yes" button below'*

Not true at all

Rarely true

Sometimes true

Often true

True nearly all of the time

**Thinks of self as strong person**

*This element is only shown when the option 'Yes' is selected in the question 'If you are happy to participate, please click the "yes" button below'*

Not true at all

Rarely true

Sometimes true

Often true

True nearly all of the time

**Can handle unpleasant feelings**

*This element is only shown when the option 'Yes' is selected in the question 'If you are happy to participate, please click the "yes" button below'*

Not true at all

Rarely true

Sometimes true

Often true

True nearly all of the time

## Your experience as a caregiver

**Answer each statement by ticking the most relevant box. If you feel unsure, tick the box that seems to be most appropriate. If the statement is irrelevant, please tick the "Not relevant" box. Only tick one box per statement.**

### **I have the opportunity to ask questions about my family member's illness/condition**

*This element is only shown when the option 'Yes' is selected in the question 'If you are happy to participate, please click the "yes" button below'*

Fully disagree

Somewhat agree

Largely agree

Fully agree

Not relevant

### **I understand the information I receive regarding my family member's illness/condition**

*This element is only shown when the option 'Yes' is selected in the question 'If you are happy to participate, please click the "yes" button below'*

Fully disagree

Somewhat agree

Largely agree

Fully agree

Not relevant

### **I receive sufficient information regarding my family member's care**

*This element is only shown when the option 'Yes' is selected in the question 'If you are happy to participate, please click the "yes" button below'*

Fully disagree

Somewhat agree

Largely agree

Fully agree

Not relevant

### **I can participate in discussions about which examinations/treatments that should be done**

*This element is only shown when the option 'Yes' is selected in the question 'If you are happy to participate, please click the "yes" button below'*

*below'*

Fully disagree

Somewhat agree

Largely agree

Fully agree

Not relevant

**I participate in discussions about the goal of my family member's treatment**

*This element is only shown when the option 'Yes' is selected in the question 'If you are happy to participate, please click the "yes" button below'*

Fully disagree

Somewhat agree

Largely agree

Fully agree

Not relevant

**I would have liked to be more involved in planning my family member's care**

*This element is only shown when the option 'Yes' is selected in the question 'If you are happy to participate, please click the "yes" button below'*

Fully disagree

Somewhat agree

Largely agree

Fully agree

Not relevant

**The staff treats me with respect**

*This element is only shown when the option 'Yes' is selected in the question 'If you are happy to participate, please click the "yes" button below'*

Fully disagree

Somewhat agree

Largely agree

Fully agree

Not relevant

**The staff responds to my needs/wishes**

*This element is only shown when the option 'Yes' is selected in the question 'If you are happy to participate, please click the "yes" button below'*

Fully disagree

Somewhat agree

Largely agree

Fully agree

Not relevant

**It is easy to get in touch with the staff when I feel the need**

*This element is only shown when the option 'Yes' is selected in the question 'If you are happy to participate, please click the "yes" button below'*

Fully disagree

Somewhat agree

Largely agree

Fully agree

Not relevant

**I'm well received by the staff**

*This element is only shown when the option 'Yes' is selected in the question 'If you are happy to participate, please click the "yes" button below'*

Fully disagree

Somewhat agree

Largely agree

Fully agree

Not relevant

**I feel confident in the staff**

*This element is only shown when the option 'Yes' is selected in the question 'If you are happy to participate, please click the "yes" button below'*

Fully disagree

Somewhat agree

Largely agree

Fully agree

Not relevant

**I receive the emotional support I need in my family member's care**

*This element is only shown when the option 'Yes' is selected in the question 'If you are happy to participate, please click the "yes" button below'*

Fully disagree

Somewhat agree

Largely agree

Fully agree

Not relevant

**I have the opportunity to help my family member with everyday chores he/she usually manages on his/her own (e.g. going to the toilet, shaving/brushing hair or helping with meals)**

*This element is only shown when the option 'Yes' is selected in the question 'If you are happy to participate, please click the "yes" button below'*

Fully disagree

Somewhat agree

Largely agree

Fully agree

Not relevant

**Your thoughts and feelings as a caregiver**

**Caregivers are often so concerned with caring for the relative's needs that they lose sight of their own well-being. Please take just a moment to answer the following questions.**

**During the past week or so, I have:**

**Had trouble keeping my mind on what I was doing**

*This element is only shown when the option 'Yes' is selected in the question 'If you are happy to participate, please click the "yes" button below'*

Yes

No

**Felt that I couldn't leave my relative alone**

*This element is only shown when the option 'Yes' is selected in the question 'If you are happy to participate, please click the "yes" button below'*

Yes

No

**Had difficulty making decisions**

*This element is only shown when the option 'Yes' is selected in the question 'If you are happy to participate, please click the "yes" button below'*

Yes

No

**Felt completely overwhelmed**

*This element is only shown when the option 'Yes' is selected in the question 'If you are happy to participate, please click the "yes" button below'*

Yes

No

**Felt useful and needed**

*This element is only shown when the option 'Yes' is selected in the question 'If you are happy to participate, please click the "yes" button below'*

Yes

No

**Felt lonely**

*This element is only shown when the option 'Yes' is selected in the question 'If you are happy to participate, please click the "yes" button below'*

Yes

No

**Been upset that my relative has changed so much from his/her former self**

*This element is only shown when the option 'Yes' is selected in the question 'If you are happy to participate, please click the "yes" button below'*

Yes

No

**Felt a loss of privacy and/or personal time**

*This element is only shown when the option 'Yes' is selected in the question 'If you are happy to participate, please click the "yes" button below'*

Yes

No

**Been edgy or irritable**

*This element is only shown when the option 'Yes' is selected in the question 'If you are happy to participate, please click the "yes" button below'*

Yes

No

**Had sleep disturbed because of caring for my relative**

*This element is only shown when the option 'Yes' is selected in the question 'If you are happy to participate, please click the "yes" button below'*

Yes

No

**Had a crying spell(s)**

*This element is only shown when the option 'Yes' is selected in the question 'If you are happy to participate, please click the "yes" button below'*

Yes

No

**Felt strained between work and family responsibilities**

*This element is only shown when the option 'Yes' is selected in the question 'If you are happy to participate, please click the "yes" button below'*

Yes

No

**Had back pain**

*This element is only shown when the option 'Yes' is selected in the question 'If you are happy to participate, please click the "yes" button below'*

Yes

No

**Felt ill (headaches, stomach problems or common cold)**

*This element is only shown when the option 'Yes' is selected in the question 'If you are happy to participate, please click the "yes" button below'*

Yes

No

**Been satisfied with the support my family has given me**

*This element is only shown when the option 'Yes' is selected in the question 'If you are happy to participate, please click the "yes" button below'*

Yes

No

**Found my relative's living situation to be inconvenient or a barrier to care**

*This element is only shown when the option 'Yes' is selected in the question 'If you are happy to participate, please click the "yes" button below'*

Yes

No

**On a scale of 1 to 10, with 1 being “not stressful” to 10 being “extremely stressful” please rate your current level of stress**

*This element is only shown when the option 'Yes' is selected in the question 'If you are happy to participate, please click the "yes" button below'*

**On a scale of 1 to 10, with 1 being “very healthy” to 10 being “very ill”, please rate your current health compared to what it was this time last year**

*This element is only shown when the option 'Yes' is selected in the question 'If you are happy to participate, please click the "yes" button below'*

**In general, would you say your health is:**

*This element is only shown when the option 'Yes' is selected in the question 'If you are happy to participate, please click the "yes" button below'*

Poor

Fair

Good

Very good

Excellent

Unfortunately, without your consent we cannot use your answers, the survey has therefore now ended. If you change your mind, you can go back and click "Yes".