**Survey of Veterans in the**

**Program of Comprehensive Assistance for Family Caregivers (PCAFC)**



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VETERANS HEALTH ADMINISTRATION

** VETERANS SURVEY**

**Welcome to the Caregiver Survey for the Department of Veterans Affairs (VA) Program of Comprehensive Assistance for Family Caregivers (PCAFC).**

(*The program is also known as the “Caregiver Support Program”, “VA Stipend Program” or “Family Caregiver Program”*).

The survey asks about Veteran awareness, utilization, and satisfaction regarding PCAFC. Even if you are not a current participant in PCAFC your feedback about your experience with this program is important. This survey takes about 10 minutes to complete, depending on your experience in the program.

We are eager to hear about your personal experiences with the program. Your participation is voluntary, but we hope you will choose to participate. If you decide not to participate or not to answer some questions, your VA benefits or other benefits to which you are entitled will not be affected.

This survey is confidential. VA will protect your identity and answers to the fullest extent allowed under law, and will not share your individual responses with VA staff. Also, no information you provide will be released to the general public in a way that can be traced back to you.

**Questions or concerns**? For questions about completing the survey, please call the Survey Information Line toll free at 1-xxx-xxx-xxxx Monday through Friday, 8:00 a.m. until 8:00 p.m. Eastern time. For questions about healthcare services at the VA please contact the Health Resource Center toll free at 1-xxx-xxx-xxxx (xxxx) Monday through Friday, 8:00 a.m. until 8:00 p.m. Eastern time.



**SECTION A: PCAFC Participation Status**

Q1. Are you currently enrolled in PCAFC?

* Yes (PLEASE GO TO Q1a)
* No (PLEASE GO TO Q1b)

Q1a. How long have you been in PCAFC? Please select one response.

* 3-6 months
* 7-12 months
* 13-18 months
* 19-23 months
* 2-3 years
* 4-5 years
* 5 years or longer

Q1b. How long were you in PCAFC? Please select one response.

* 3-6 months
* 7-12 months
* 13-18 months
* 19-23 months
* 2-3 years
* 4-5 years
* 5 years or longer

**SECTION B: Caregiver Support Coordinator**

Every VA medical center has at least one Caregiver Support Coordinator. This person may have helped you with the PCAFC application process or assisted in referring you to additional resources and services.

Q2. As a Veteran, how helpful was it to have a Caregiver Support Coordinator as a designated person you could contact for assistance?

* Not helpful at all (PLEASE GO TO Q2a)
* Not very helpful (PLEASE GO TO Q2a)
* Neutral (PLEASE GO TO Q3)
* Helpful (PLEASE GO TO Q3)
* Very helpful (PLEASE GO TO Q3)
* Was not aware of the Caregiver Support Coordinator (PLEASE GO TO Q3)

2a. Which of the following explains why the Caregiver Support Coordinator was not helpful? Select all that apply.

* The Caregiver Support Coordinator was not responsive to my requests
* The Caregiver Support Coordinator did not follow-up with me
* The Caregiver Support Coordinator did not clearly communicate with me
* The Caregiver Support Coordinator could not provide the information I needed
* The Caregiver Support Coordinator was not familiar with my specific health needs
* Other, specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q3. How well were you updated on your application status during the application process?

* Not at all
* Not very well
* Neutral
* Well
* Very well
* Don’t remember

Q4. As a Veteran in PCAFC, you assume specific responsibilities. How well did the Caregiver Support Coordinator explain the following responsibilities to you as a Veteran entering PCAFC?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  **Veteran Responsibility** | **Not at All** | **Not Very Well** | **Neutral** | **Well** | **Very Well** |
| **Your overall responsibility to:** |
| a. Provide a written statement to VA (e.g., the Caregiver Support Coordinator) if you decide to change or revoke your Primary Family Caregiver or Secondary Family Caregiver(s). |   |   |   |   |   |
| b. Follow your local VA medical facility’s policies for Release of Information and Privacy, which allows you to authorize VA to share your health information with the Primary Family Caregiver. |   |   |   |   |   |
| c. Notify the Caregiver Support Coordinator if you receive care from non-VA providers that is not authorized by VA.  |   |   |   |   |   |
| d. Work closely with your Family Caregiver(s) and primary care team to attain your highest possible level of independence. |   |   |   |   |   |
| **Your responsibility to promptly inform the primary care team, Primary Family Caregiver and Caregiver Support Coordinator:** |
| e. If there are any changes in your physical or mental health condition. |   |   |   |   |   |
| f. If you or your Caregiver is admitted to a hospital, long term care facility, rehabilitation facility, or residential treatment program, or become incarcerated. |   |   |   |   |   |
| g. If your address changes.  |   |   |   |   |   |
| h. If your Family Caregiver(s) address, telephone number or other contact information changes. |   |   |   |   |   |
| i. Be physically present and participate during home visits and monitoring required by the Program of Comprehensive Assistance for Family Caregivers. |   |   |   |   |   |

**SECTION C: PCAFC Staff Support**

Q5. How often have you encountered issues caused by lack of communication or miscommunication between PCAFC staff and your VA health care providers?

* Never
* Rarely
* Sometimes
* Most of the time
* Always

Q6. How often do/did you feel that you were treated with respect by the PCAFC team?

* Never
* Rarely
* Sometimes
* Most of the time
* Always

Q7. Did PCAFC staff tell you about VA resources to help you and your Caregiver?

* Yes
* No

Q8. Did the PCAFC staff tell you about community resources to help you and your Caregiver?

* Yes
* No

Q9. To what extent does/did **your participation in PCAFC** help you maintain or improve your quality of life?

* No help at all
* Very little help
* Some help
* A lot of help

Q10. To what extent does/did **your Caregiver’s participation in PCAFC** help you maintain or improve your quality of life?

* No help at all
* Very little help
* Some help
* A lot of help

Q11. Would you recommend PCAFC to other post 9/11 Veterans in need of Caregiver assistance?

* Yes (PLEASE GO TO 11a)
* No (PLEASE GO TO 11b)

11a. Which of the following explains why you would recommend PCAFC to other post 9/11 Veterans? Select all that apply.

* + The financial support (e.g., stipend, travel reimbursement, etc.) enables/enabled my Caregiver to continue with the level of care I need
	+ The civilian Health and Medical Program of the Department of Veteran’s Affairs (CHAMPVA) is/was a big help to my Caregiver
	+ My Caregiver Support Coordinator was very helpful
	+ The program’s educational support to my Caregiver has improved the quality of care he/she provided to me
	+ The program has enhanced my Caregiver’s support system as he/she cares for me
	+ Other, please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11b. Which of the following explains why you would not recommend PCAFC to other post 9/11 Veterans? Select all that apply.

* The application decision process was too lengthy
* The clinical appeals process was confusing
	+ My Caregiver Support Coordinator was not helpful
	+ The education services provided to the Caregivers were not helpful
	+ There was a lack of follow-up services
	+ There was a lack of personalized communications (e.g., phone calls, in-person meetings, etc.)
* Poor customer service from VA staff
* There was a lack of useful information about the program
* My VA doctors had no knowledge about PCAFC and did not understand the role my Caregiver has supporting my health care needs
	+ Other, please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

THANK YOU FOR COMPLETING THE SURVEY.