

# **NEED ASSESSMENT SURVEY: HAWAII'S CAREGIVERS**

Version 1.0

The Department of Health, Executive Office on Aging is requesting your assistance and participation in completing this survey. This survey will look at issues faced by you as a caregiver. The results of this survey will help with the development of programs, services, and the direction of the 2023-2027 Hawaii State Plan on Aging.

Answers are strictly voluntary and anonymous.

Note: A "Caregiver" is someone who regularly provides unpaid assistance to a person who would otherwise have difficulty on their own.

- 1. How many people have you helped or provided care to in the past 12 months?**  
(Check all that apply)

	1 Person	2 People	3 or More People
Older Adult - Age 60 to 84			
Older Adult - Age 85 and Older			
Persons with Disabilities – Age 18 to 59			
Your Own Children – Under Age 18			
Your Grandchildren – Under Age 18			
Other people I provided care to in the last 12 months, please specify.			

## **CAREGIVER DEMOGRAPHICS**

- 2. Where do you live?**

\_\_\_ City and County of Honolulu

\_\_\_ Maui County

\_\_\_ Hawaii County

\_\_\_ Kauai County

\_\_\_ Another State or Country. Please specify: \_\_\_\_\_

- 3. What City do you live in?** \_\_\_\_\_

- 4. What is your 5-digit Residence Zip code?** \_\_\_\_\_

(If you use a P.O. Box, please indicate the zip code of the P.O. box.)

- 5. What is your Age?** \_\_\_\_\_

**6. What is your Race/Ethnicity? (Check all that apply)**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Hawaiian          | <input type="checkbox"/> Samoan               |
| <input type="checkbox"/> Black or African American        | <input type="checkbox"/> Hispanic or Latin | <input type="checkbox"/> Tongan               |
| <input type="checkbox"/> Caucasian or White               | <input type="checkbox"/> Japanese          | <input type="checkbox"/> Vietnamese           |
| <input type="checkbox"/> Chinese                          | <input type="checkbox"/> Korean            | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Filipino                         | <input type="checkbox"/> Marshallese       |   |

Other Race, please specify \_\_\_\_\_

**7. Is English your primary language?**

- Yes
- No - Please specify your preferred language and dialect.  
For example: Filipino and Tagalog. \_\_\_\_\_

**8. What gender identity status do you identify with?**

- Male
- Female
- Transgender
- Non-binary/gender nonconforming
- Not listed above, please specify: \_\_\_\_\_
- Prefer not to answer

**9. How many people live in your household (include yourself): \_\_\_\_\_**

**10. Which of the following statements best describes your living situation? (Check all that apply):**

- I live alone
- I live with my spouse
- I live with other family members
- I live with friends, roommates, etc.
- I have pets in the home
- I am currently homeless/houseless
- Other, please specify: \_\_\_\_\_
- Prefer not to answer

**11. What is the highest level of formal education you have completed so far?**

- Elementary/Middle School
- Some high school
- High school graduate
- Some college or technical training
- College degree
- Graduate school
- Prefer not to answer

**YOUR ROLE AS A CAREGIVER**

**12. Does the person(s) you care for receive additional help from other people or an organization?**

- No
- Yes. Please identify who else helps this person \_\_\_\_\_
- Prefer not to answer

**13. What help do you provide to the person(s) that you are caring for?**

(Check all that apply)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Help with household tasks | <input type="checkbox"/> Help with accessing the internet | <input type="checkbox"/> Manage their medical care |
| <input type="checkbox"/> Help with bathing         | <input type="checkbox"/> Help with meal/food preparation  | <input type="checkbox"/> Provide financial support |
| <input type="checkbox"/> Help with toileting       | <input type="checkbox"/> Help with yardwork               | <input type="checkbox"/> Provide transportation    |
| <input type="checkbox"/> Help with using the phone | <input type="checkbox"/> Manage their medications         | <input type="checkbox"/> None of the above         |

Other, please specify \_\_\_\_\_

**14. What are your greatest needs as a caregiver? (Check all that apply)**

- |  |   |
|--|---|
| <input type="checkbox"/> Additional in-home support, help providing care | <input type="checkbox"/> Juggling work and caregiving |
| <input type="checkbox"/> Caregiver support groups                        | <input type="checkbox"/> Managing my own finances     |
| <input type="checkbox"/> Caregiver Training/Education                    | <input type="checkbox"/> Transportation Assistance    |
| <input type="checkbox"/> Information and Assistance                      | <input type="checkbox"/> Prefer not to answer         |

Other, please specify \_\_\_\_\_

**15. In the last month, have you felt financially burdened by your caregiver responsibilities?**

- Always
- Usually
- Sometimes
- Rarely
- Never
- Prefer not to answer

**16. In the last month, have you felt stressed, overwhelmed, or tired by your caregiver responsibilities?**

- Always
- Usually
- Sometimes
- Rarely
- Never
- Prefer not to answer

**17. As a caregiver, which best describes your employment status?**

- Employed 20 or more hours a week
- Employed less than 20 hours a week
- Self employed
- Unemployed
- Retired
- No longer working because of caregiving responsibilities
- No longer working because of my health problems
- Prefer not to answer

## **INFORMATION AND SERVICES**

**18. How difficult is it to find information you need about available services and programs?**

- Very difficult
- Somewhat difficult
- Not difficult at all
- Haven't tried
- Prefer not to answer

**19. What are the best ways for you to get information about available services in your community? (Check all that apply)**

- |  |  |
|--|--|
| <input type="checkbox"/> TV  | <input type="checkbox"/> County Office on Aging/ADRC       |
| <input type="checkbox"/> Radio                                       | <input type="checkbox"/> State Executive Office on Aging   |
| <input type="checkbox"/> Newspaper                                   | <input type="checkbox"/> Doctor/healthcare provider        |
| <input type="checkbox"/> Internet                                    | <input type="checkbox"/> Newsletters or flyers in the mail |
| <input type="checkbox"/> Friends/Family (word of mouth)              | <input type="checkbox"/> Senior or community center        |
| <input type="checkbox"/> Church/Social groups                        | <input type="checkbox"/> None of the above                 |
| <input type="checkbox"/> Communications with a State or local agency |  |

Other, please specify \_\_\_\_\_

**20. How do you access the internet for information? (Check all that apply)**

- I do not access the internet
- I do not know how to access the internet
- I access the internet from my home computer, laptop, or tablet
- I access the internet from my cell phone
- I use a friend/family's computer, laptop, tablet, and/or cell phone
- I have other ways I access the internet, please specify \_\_\_\_\_
- \_\_\_\_\_
- None of the above

**YOUR COMMUNITY**

**21. How would you rate your community as a place to live for people as they age?**

- Excellent
- Very good
- Good
- Fair
- Poor
- Prefer not to answer

**22. Do you have ideas on how to make aging in your home or community better or easier?**

No

Yes. Please share your ideas. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**23. Do you do volunteer work in your community?**

No

Yes, describe the volunteer work that you do \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**COVID-19 PANDEMIC & EMERGENCY PREPAREDNESS**

**24. What kinds of information do you need relating to COVID-19?  
(Check all that apply)**

Prevention measures to avoid being infected with COVID-19

The signs and symptoms of COVID-19

What to do if I get infected

Where to test for COVID-19

Where to go for vaccinations and boosters

Coping with long-term COVID-19 symptoms

Coping and living with COVID-19 within your community

Other COVID-19 information needed, please specify \_\_\_\_\_

None of the above

**25. Do you know where to go for COVID-19 information?**

Yes

No

Prefer not to answer

**26. Over the last two years, the COVID-19 pandemic has impacted your life and your daily activities.**

- Strongly disagree
- Somewhat disagree
- Neither agree nor disagree
- Somewhat agree
- Strongly agree
- Prefer not to answer

**27. During the COVID-19 pandemic (last two years), you felt isolated from family and friends.**

- Strongly disagree
- Somewhat disagree
- Neither agree nor disagree
- Somewhat agree
- Strongly agree
- Prefer not to answer

**28. In case of an emergency (earthquakes, flooding, no electricity, etc.), do you have a disaster plan in place for the people you care for?**

- No
- Yes, please describe your plan:

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## **YOUR QUALITY OF LIFE**

**29. How do you rate your quality of life right now?**

- Excellent
- Good
- Fair
- Poor
- Other, please specify \_\_\_\_\_
- Prefer not to answer

**30. As a caregiver, what are your Top 3 life challenges.**  
(Select a maximum of 3 life challenges)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Stress                      | <input type="checkbox"/> My health conditions    | <input type="checkbox"/> Commuting to work             |
| <input type="checkbox"/> Keeping a positive attitude | <input type="checkbox"/> Paying my bills         | <input type="checkbox"/> Caregiving responsibilities   |
| <input type="checkbox"/> Feeling lonely              | <input type="checkbox"/> Job security            | <input type="checkbox"/> Balancing work and caregiving |
| <input type="checkbox"/> Lack of sleep               | <input type="checkbox"/> Affordable housing      | <input type="checkbox"/> Getting respite services      |
| <input type="checkbox"/> Lack of time for myself     | <input type="checkbox"/> Reliable transportation | <input type="checkbox"/> Finding childcare             |

Other life challenges, please specify \_\_\_\_\_  
\_\_\_\_\_

**31. As a caregiver, what are the Top 3 things that make you happy in life.**  
(Select a maximum of 3 things)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Socializing with friends/family | <input type="checkbox"/> Surfing/Beach activities | <input type="checkbox"/> Praying/Religious activities |
| <input type="checkbox"/> Time for myself                 | <input type="checkbox"/> Golfing                  | <input type="checkbox"/> Cooking and/or baking        |
| <input type="checkbox"/> Playing with my pet(s)          | <input type="checkbox"/> Shopping                 | <input type="checkbox"/> Sleeping as long as I want   |
| <input type="checkbox"/> Exercising                      | <input type="checkbox"/> Listening to music       | <input type="checkbox"/> Having stable finances       |
| <input type="checkbox"/> Volunteering                    | <input type="checkbox"/> Taking a vacation        | <input type="checkbox"/> Living in Hawaii             |

Other things that make you happy, please specify \_\_\_\_\_  
\_\_\_\_\_

**32. Do you have any thoughts on aging and caregiving programs in the State of Hawaii (current programs or suggestions for development of new programs?)**

- No  
 Yes, please share your thoughts

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Thank you for taking the time to complete this survey.**