

GDGC's Elder Care Employee Benefit Program TAWC: Tools and Advice for Working Caregivers

Work-Life Survey

Na	me	E-	Mail	Phone			
1.	Do you Yes		re or assista	ance to an aging loved one in the next five	years?		
2.	Are you	currently caring for an aging lov	ed one? Y	Yes No			
3.	How ol	d is your loved one(s)?					
4.	What is his/her relationship to you?						
5.	About h	now many miles away from you d	loes your lo	ved one live?			
6.	On average, about how many hours do you spend each week caring for your aging loved one? hours per week						
7.	Please circle the tasks you assist with: (Circle all that apply)						
	a.	Shopping	f. Medica	ation management			
	b.	Home maintenance	g. Making	g arrangements for care			
	c.	Transportation to appointments	h. Meal p	reparation			
	d.	Providing emotional support	i. Bathin	ıg			
	e.	Overseeing finances	j. Provid	ling other hands on care			
8.	On average, about how much of your own funds do you spend per month on care-related expenses? (such as hiring outside help, transportation expenses, financial support, etc.) \$per month						
9.	Which of the following best describes your role as an elder caregiver:						
	a. I hav	e been the only or the main perso	n helping	b. I have shared the care equally with o	others		
	c. Other	c. Others have been the main ones, with some help from me					

10. Have you taken time off from work to o	care for your aging loved one?	es No					
<u>*</u>	Please circle the response that best describes your situation when you need to take time off work to assist an aging loved one. (You may circle more then one.)						
a. I use my vacation time	e. I am able to rearrange my scho	edule and r	nake up time				
b. I am able to take paid time off work	f. I haven taken a leave of absend	ce					
c. I take unpaid time off	g. I have taken time off under FM	ИLA					
d. I can work from home							
How comfortable are you talking with your HR person at work about your responsibilities for your aging loved one? (Circle one) a. Very comfortable							
b. Somewhat comfortable	I can contact EAP						
c. Uncomfortable							
d. Very Uncomfortable							
e. Other							
 13. Because of your care giving responsibility chosen to: a. Miss a day's work b. Arrive late at work c. Leave work early d. Spend time at work on the phone 14. How often have you worked less effect occupied? a. Never b. Seldom c. Sometimes 	timestimestimestimestimes	concerned					
15. Because of your responsibilities, in the	nact year have you: (Circle all that apply)						
a. Worked reduced hours	past year have you. (Chefe an that apply)	Yes	No				
b. Worked a different shift from spouse	e/partner so that one adult is available	Yes	No				
c. Quit a job	parties so that one addit is available	Yes	No				
d. Chosen a job that gives you more fle	vihility	Yes	No				
e. Refused to relocate	Albinty	Yes	No				
f. Refused or decided not to work towa	Yes	No					
	rus a promotion	Yes	No				
·	g. Refused or limited your travel						
h. Had an aging loved one live with you	Yes	No					
i. Participated in a support groupk. Other		Yes	No				