FAMILY RESPITE SURVEY INSTRUCTIONS

Respite families are required to complete this survey once every quarter as follows:

- Quarter 1: July-September
- Quarter 2: October-December
- Quarter 3: January-March
- Quarter 4: April-June

There are nine (9) questions. Please check one response for each question. Return your completed survey to your respite provider to send in or you can send it directly to us:

Mail: c/o Family Respite Program, 52 Water Street, Hallowell, ME 04347
Email: Chelsay Evans at chelsay@namimaine.org
Fax: c/o Chelsay Evans at (207) 621-8430

If you would like help completing the survey, please call your regional office for assistance:

- Region 1: (207) 622-5767 ext.2328
- Region 2: (207) 622-5767 ext. 2316
- Region 3: (207) 622-5767 ext. 2326

Thank you for taking the time to provide your feedback!
# NAMI MAINE FAMILY RESPITE SURVEY

**Date:** ________________  
**Print Family Name:** ________________________________________

**Family Signature:** __________________________________________________________________________

**Print Provider Name:** _________________________________________________________________________

---

1. **Did you receive respite services within thirty (30) days from your request?**
   - [ ] 1 (Extremely Satisfied)
   - [ ] 2 (Moderately Satisfied)
   - [ ] 3 (Somewhat Satisfied)
   - [ ] 4 (Somewhat Dissatisfied)
   - [ ] 5 (Moderately Dissatisfied)
   - [ ] 6 (Extremely Dissatisfied)

2. **Did you require assistance from NAMI Maine staff to coordinate respite care for your child?**
   - [ ] Yes
   - [ ] No

3. **Since participating in respite services, has your relationship with your child changed in a positive manner?**
   - [ ] 1 (Extremely Satisfied)
   - [ ] 2 (Moderately Satisfied)
   - [ ] 3 (Somewhat Satisfied)
   - [ ] 4 (Somewhat Dissatisfied)
   - [ ] 5 (Moderately Dissatisfied)
   - [ ] 6 (Extremely Dissatisfied)

4. **Since receiving respite services, do you feel more able to manage your child’s behavior?**
   - [ ] 1 (Extremely Capable)
   - [ ] 2 (Moderately Capable)
   - [ ] 3 (Somewhat Capable)
   - [ ] 4 (Somewhat Incapable)
   - [ ] 5 (Moderately Incapable)
   - [ ] 6 (Extremely Incapable)
5. Since you have participated in respite, do you feel the stress/pressure in your life has decreased?

- 1 (A Great Deal)
- 2 (Quite a Bit)
- 3 (A Moderate Amount)
- 4 (Some)
- 5 (Very Little)
- 6 (Not at All)

6. How optimistic are you about your child’s future right now?

- 1 (The Future Looks Very Bright)
- 2 (The Future Looks Somewhat Bright)
- 3 (The Future Looks Okay)
- 4 (The Future Looks Both Good and Bad)
- 5 (The Future Looks Bad)
- 6 (The Future Looks Unbearable)

7. Has your child been hospitalized in the last three (3) months

- Yes
- No

8. As a result of your respite experience, it is LESS LIKELY that your child will require an out of home placement in the future?

- Yes
- No

9. How do you feel about the respite services that you received?

- 1 (Extremely Satisfied)
- 2 (Moderately Satisfied)
- 3 (Somewhat Satisfied)
- 4 (Somewhat Dissatisfied)
- 5 (Moderately Dissatisfied)
- 6 (Extremely Dissatisfied)