

Massachusetts Employer Toolkit to Support Working Caregivers



Toolkit Introduction



The Massachusetts Caregiver Employer Toolkit was created by the Executive Office of Elder Affairs, Massachusetts Business Roundtable and the Massachusetts eHealth Institute with support from the following organizations:





part two

Employee Questionnaires

Questionnaire 1: Getting to Know the Caregivers in Your Workplace

Are you, or will you be, a family caregiver?

Almost everyone will be a caregiver at some point in their lives – whether it be for an older parent, a partner diagnosed with a serious illness, or a child living with a disability. Caregiving is meaningful and rewarding, but also comes with many unique challenges.

We are continuously trying to find better ways to support our workforce, and helping caregivers is a top priority. This questionnaire will help us start to learn about you as a caregiver. Please note that all responses are anonymous, and there is no way to identify respondents.

1. In the past 6 months, have you provided any of the following tasks for a family member, child, friend, or other significant individual who requires some level of assistance for daily functioning and excludes routine child care (e.g., attending well visits, driving to school)?

- Driving to doctor appointments or other services
- Assisting with medications (e.g., setup, dosing, daily management)
- Grocery shopping or meal preparation
- Helping with home maintenance or housekeeping tasks
- Assisting with bill payment or money management
- Arranging services (e.g., transportation, healthcare, housekeeping)
- Providing personal care (e.g., feeding, dressing, grooming, toileting)
- Managing dementia or behavioral health needs

If you have answered yes to any one of these, you are a caregiver!

2. If you did not check any boxes in Question 1, do you foresee this changing in the next two to five years?

- Yes No N/A, I checked a box in Question 1

(Skip logic: If “No”, survey ends. If “Yes” or “N/A”, survey continues)

3. Are you, or do you expect to be, a primary caregiver? The primary caregiver is the person with the greatest care responsibilities. This includes providing or coordinating care.

- Yes No

4. For how many individuals do you currently, or expect to, provide care?

- One Two Two Four or more

Skip logic: If the survey respondent answered “Yes” to Question 2, the survey ends after they respond to Questions 3 and 4 with a ‘Thank You’. If the survey respondent answered ‘N/A’, the survey continues.

If you care for more than one person, when answering Questions 5-7, please think of the person for whom you provide the most care.

5. Is the person you are providing care for a:

- Parent or Parent-in-Law Grandparent or Grandparent-in-Law
 Sibling or Sibling-in-Law Friend
 Spouse Neighbor
 Adult Child (18 years and older) Other
 Child (Under 18 years – beyond traditional child care responsibilities)

6. Please select all that apply to your care recipient.

- Alzheimer’s disease, dementia, or memory loss
 Chronic disease and/ or serious illness
 Disability (e.g., with mobility or self-care) and/ or developmental disabilities
 Mental health and/ or behavioral health issues, not related to dementia
 Other, please specify (_____)

7. In a typical week, approximately how many hours of care do you provide for this person?

- 0-7 hours
 8-14 hours
 15-21 hours
 22 hours or more

Please answer the following optional demographic information about yourself. Remember, this survey is anonymous, and there is no way to identify respondents.

8. What is your age?

- Less than 30 years 50 – 59 years
 30 – 39 years 60 – 69 years
 40 – 49 years 70 years and older

9. What is your gender?

- Male Other
 Female Prefer not to specify

10. How do you identify your race/ ethnicity?

- American Indian/ Alaskan Native Native Hawaiian or Pacific Islander
 Asian White
 Black or African American Prefer not to specify
 Hispanic or Latinx

11. What is your current employment situation?

- Full-time (35-40 hours/week)
 Part-time (20 – 34 hours/week)
 Part-time (Less than 20 hours/week)

12. How long have you worked at this employer?

- 1-5 years 6-10 years 11-15 years
 16-20 years 21-25 years 26 years or more

Thank you for taking this questionnaire!

Questionnaire 2: Understanding Employee Caregiving Needs

This brief questionnaire is intended to be a detailed follow-up to Questionnaire 1: Getting to Know the Caregivers in Your Workplace. If you have not yet taken that questionnaire, please click here (insert link) to complete it first.

We are constantly trying to find better ways to support our workforce, and helping caregivers is a top priority. This questionnaire will help us continue to learn about you as a caregiver. Please note that all responses are anonymous, and there is no way to identify respondents.

1. For each of the statements below, choose the response that best describes how you relate to your caregiving activities. Please remember that these results are anonymous.

My caregiving activities have...	Not at All	A Little	Moderately	A Lot	A Great Deal
Resulted in not enough time for myself					
Negatively impacted my social life					
Made me feel “burned out”					
Made me feel anxious					
Caused me to feel useful and needed					
Caused financial hardships or burden					
Strengthened my relationship with my care recipient					
Negatively impacted my relationship with my care recipient					
Resulted in missed hours or days of work					
Caused me to make sacrifices at work (e.g., travel, promotion)					

- **Zarit Burden Interview Scale:** Zarit SH, Reever KE, Bach-Peterson J. Relatives of the impaired elderly: correlates of feelings of burden. *Gerontologist*. 1980;20:649–55.
- **AARP:** <https://assets.aarp.org/www.aarp.org/articles/learn/sidebars/4-quiz.htm>
- **American Cancer Society:** <https://www.cancer.org/treatment/treatments-and-side-effects/emotional-side-effects/distress-checklist-for-caregivers.html>

2. In general, would you say your health (physical, mental and emotional) is:

Poor	Fair	Good	Very Good	Excellent

3. To what extent do you feel that your employer adequately supports you in caring for a family member, child, friend, or other significant individual who requires your assistance for daily functioning through current benefits and services?

Not at All	A Little	Moderately	A Lot	A Great Deal

4. Please select whether you are aware of and/ or have used the following services offered by your employer for caregiving activities. Note this is an exhaustive list of services and it is not expected that your employer provides them all. Check the 'Used' box if you have utilized the service in the past 6 months.

Employer-sponsored services	Aware Of	Used	Unsure
Flexibility & Paid Time Off			
Flexible hours/ scheduling			
Work from home			
Paid leave			
Sick, vacation or personal days			
Personal time off bank			
Care Delivery Services			
Emergency back-up care/ respite			
Onsite or subsidized day care			
Care coordination/ health navigation			
Caregiving digital tools and services (e.g., platform to monitor paid caregivers)			
Health Savings Account or Dependent Care Flexible Savings			
Information, Education & Consultation			
Employee Assistance Program (EAP) and/ or Work-Life Program			
Phone, virtual or in-person consultations with HR or caregiver specialist			
Intranet portal or company webpage to find programs/ services			
Workshops, webinars, brown bag lunches, or after work seminars			
Onsite or virtual consultation and counseling			
Legal or financial advice			
Caregiver Health & Wellness			
Support groups/ networks (e.g., lunch and learns, professional affinity group)			
Stress reduction or self-care programs (e.g., meditation sessions, gym discount)			

5. If you could choose two items from your caregiving support “wish list” to implement in the workplace, what would they be? Please select the top two.

- Expanded leave and paid-time off
- Flexible work arrangements
- Subsidized care management services or tools (e.g., emergency back-up care, adult day care)
- Consultation and planning support
- Stress reduction or self-care activities
- Information and referral to employer-sponsored or external services that might help me
- Support groups or professional networks dedicated to caregiving
- Other (_____)

6. How would you prefer to receive caregiving information? Please select all that apply.

- Employee newsletters/ email
- Online portal
- Lunchtime seminars
- Before or after work seminars
- Onsite support groups
- Individual meetings with a trained professional
- Other (_____)

7. Would you be interested in connecting with other employees who are also caregivers?

- Yes No

8. Choose the option that best describes the workplace culture related to caregiving. Please remember that these results are anonymous.

I feel...	Not at All	A Little	Moderately	A Lot	A Great Deal
Supported by my coworkers					
Supported by my manager/ supervisor					
That my manager/ supervisor understands my situation and helps me manage my work priorities					
That my workplace culture is friendly towards caregivers					
That leadership and top-level management are committed to improving the workplace for caregivers					

9. Do you have any other recommendations or comments? (free text)

Thank you for taking this questionnaire!

Endnotes

- ¹ AARP. *How Employers Can Support Working Caregivers* (2013)
- ² SCAN Foundation. *Do You Give a Care?* (2018)
- ³ National Alliance for Caregiving and AARP Public Policy Institute *Caregiving in the US* (2015)
- ⁴ MetLife Mature Market Group, National Alliance for Caregiving, and The University of Pittsburgh Institute on Aging (2010)
- ⁵ Assuming an average annual single health premium cost of \$7,200 in Massachusetts and an estimated 612,500 caregivers for older loved ones living in Massachusetts
- ⁶ AARP & ReACT *Determine the Return on Investment: Supportive Policies for Employee Caregivers* (2016)
- ⁷ AARP & ReACT *Supporting Working Caregivers: Case Studies of Promising Practices* (2017)
- ⁸ Harvard Business School. *The Caring Company* (2019)