

# Carer reported experience measures survey

NOTE: This survey can be used to gather feedback and learn about the experiences of carers interacting with a service, ward or clinic. It was developed by the ACI Renal Network and tested with clinicians and carers from several specialties and can be used in a range of health settings. It has not been through an academic validation process.

## Service/clinician to complete this section before distributing:

Name of service/clinic/ward:

Location /facility:

Postal address:

Email address:

## About this survey

Caring for another person can be both rewarding and stressful. The reason for this carer reported experience measures (CREM) survey is to learn about your experiences as the carer\* of a person who has consulted the above service. We want to learn what you think we should know. This will help us understand what works well for you as a carer of a patient, and also what we may need to do differently to better support carers.

Your feedback is valuable, **confidential and anonymous**. Feedback from you and other carers will be combined and reported to health professionals in this service. Depending on how much you want to say, the survey may take about 10 minutes to complete.

\*Carers are people who provide unpaid care and support to family members and friends who could not stay at home without this care and support. Carers who receive a carer's pension and/or a carer's allowance are considered to be providing 'unpaid care'.

## How to complete the survey

You can complete the confidential/anonymous survey on the next page, on paper or electronically. Please answer each question following the instructions, and leave any additional comments.

**If completing the survey on paper, please fold it and give it to the nurse. You can also post or email your survey to the address above.**

## Support for carers

If completing this survey raises any issues for you, please speak with a member of the health service team, your Local Health District Carer Support Service, or your own health professional. Further help is available from Carer Gateway, visit: [carergateway.gov.au](http://carergateway.gov.au) or phone 1800 422 737.

<b>1. Which of the following describes your situation as a carer?</b>
<b>a) The person I care for requires:</b> (Please select <b>all that are true</b> )
Full-time care during the day
Full-time care during the night
Part-time care during the day
Part-time care during the night
<b>b) Carer arrangements:</b> (Please select <b>all that are true</b> )
I am the main carer
There are other unpaid carers who assist
I assist the main carer
Providing this care means I have less time to spend with other family members
<b>c) My living arrangements</b> (Please select <b>one</b> )
I live at the same address as the person I care for
I don't usually live with the person I care for, but I am now living at the same address
I live somewhere else but sometimes I stay at the same address as the person I care for
I am not living at the same address as the person I care for
<b>d) My work</b> (Please select <b>all that are true</b> )
I am in full-time paid employment (35 hours a week or more)
I am in part-time paid employment (up to 34 hours a week)
I have had to reduce my work hours so that I can provide this care
I have had to use leave (annual, carers', compassionate or unpaid) to provide this care
I have had to stop working so that I can provide this care
I was retired, a volunteer or was not in paid employment when I started to provide this care
My caring role interferes with my wish to seek employment

**2. I have been caring for this person for:** (Please select **one**)

Less than 6 months

6 – 12 months

1 – 2 years

3 – 5 years

More than 5 years

Unsure

**3. Health staff in this service are available to consult at times that are convenient for me and the person I care for** (Please select **one**)

All of the time

Most of the time

Some of the time

Rarely

Unsure

**4. Consultations with health staff occur in places that suit me and the person I care for (e.g. in person at the clinic, hospital or home, or by phone or video at home)** (Please select **one**)

All of the time

Most of the time

Some of the time

Rarely

Unsure

**5. Health staff listen to my views and concerns in my role as a carer (Please select one)**

All of the time

Most of the time

Some of the time

Rarely

Unsure

**6. Health staff answer my questions in a way that I can understand (Please select one)**

All of the time

Most of the time

Some of the time

Rarely

Unsure

**7. Health staff treat me with respect in my role as a carer (Please select one)**

All of the time

Most of the time

Some of the time

Rarely

Unsure

**8. I receive enough information about how to look after the person I care for (Please select one)**

All of the time

Most of the time

Some of the time

Rarely

Unsure

**9. The care and support provided by health staff in this service help me to cope better in caring for this person** (Please select **one**)

All of the time

Most of the time

Some of the time

Rarely

Unsure

**10. I am physically coping with providing this care** (Please select **one**)

All of the time

Most of the time

Some of the time

Rarely

Unsure

**11. I am emotionally coping with providing this care** (Please select **one**)

All of the time

Most of the time

Some of the time

Rarely

Unsure

**12. I am financially coping with providing this care (Please select one)**

All of the time

Most of the time

Some of the time

Rarely

Unsure

**13. Do you have any other comments? How can our service make your experience better?** (If completing this section by hand, please print your comment as clearly as possible.)

Thank you for taking the time to provide feedback about your experience as a carer. Information from you and other carers will be used to continue to improve our services. Please see [page 1](#) for instructions on how to return this survey, and information on support.

