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| **Transitions in Adult Care** **Stakeholder Feedback Survey** |  |
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| The purpose of the Transitions in Adult Care (TiAC) web pages is* to provide information and resources to help family and friend caregivers throughout their caregiving journey,
* to help caregivers focus on their own wellness and quality of life, and
* to demonstrate that many challenges are shared among caregivers and that you are not alone.

To help us make this website presence helpful and relevant to family and friend caregivers in Nova Scotia, we would be grateful for your feedback. |
| 1.  Do you wish to remain anonymous in your feedback?  |[ ]  Yes |[ ]  No |
| 2.  Do you wish to provide contact information for follow-up?   |[ ]  Yes |[ ]  No |
| If so, please provide your |
| Name: | Click or tap here to enter text. |
| Telephone: | Click or tap here to enter text. |
| Email: | Click or tap here to enter text. |
| 3.  Are you a (check all that apply) |
|[ ]  Unpaid family or friend caregiver |
|[ ]  Health care provider/professional |
|[ ]  Researcher |
|[ ]  Other | Click or tap here to enter text. |
| 4.  In what region do you live or is your work concentrated? |
|[ ]  Western (Yarmouth, Digby, Shelburne, Queens, Annapolis, Lunenburg, Kings counties) |
|[ ]  Capital (Halifax Regional Municipality) |
|[ ]  Northern & Eastern Mainland (Colchester, East Hants, Cumberland, Pictou, Antigonish, Guysborough counties) |
|[ ]  Cape Breton (Richmond, Inverness, Victoria Counties and Cape Breton Regional Municipality) |
|[ ]  Provincial |
|[ ]  National |
|[ ]  International |
| 5.  In an effort to distribute the workload and tap into your specific area of expertise, reviewers are being asked to review different sections of the TiAC. If you wish to review additional sections, please do so. After you review a section, please indicate how valuable you found the information in that section.   |
| **Section** | **Subject** | **Rating**1 = not at all valuable5 = very valuable |
| **1** | Transitions in Adult Care – Landing Page |[ ]  1 |[ ]  2 |[ ]  3 |[ ]  4 |[ ]  5 |
| **2** | Introduction |[ ]  1 |[ ]  2 |[ ]  3 |[ ]  4 |[ ]  5 |
| **3** | What to look for when changes are happening |[ ]  1 |[ ]  2 |[ ]  3 |[ ]  4 |[ ]  5 |
| **4** | Starting a difficult conversation |[ ]  1 |[ ]  2 |[ ]  3 |[ ]  4 |[ ]  5 |
| **4a** | Living safely at Home – Medication management |[ ]  1 |[ ]  2 |[ ]  3 |[ ]  4 |[ ]  5 |
| **4b** | Living safely at home – Nutrition, hydration and oral care |[ ]  1 |[ ]  2 |[ ]  3 |[ ]  4 |[ ]  5 |
| **4c** | Living safely at home – Driving, social and recreational considerations, falls prevention, in-home monitoring |[ ]  1 |[ ]  2 |[ ]  3 |[ ]  4 |[ ]  5 |
| **4d** | Living safely at home – Home care, respite care, renovating to age in place, finances and legal matters |[ ]  1 |[ ]  2 |[ ]  3 |[ ]  4 |[ ]  5 |
| **4e** | Living safely at home – Fraud |[ ]  1 |[ ]  2 |[ ]  3 |[ ]  4 |[ ]  5 |
| **5a** | Is it time for a move? Downsizing, moving in with you |[ ]  1 |[ ]  2 |[ ]  3 |[ ]  4 |[ ]  5 |
| **5b** | Is it time for a move? Seniors’ housing; enriched seniors’ housing; assisted, supported and independent living; long-term care; residential care facilities; nursing homes |[ ]  1 |[ ]  2 |[ ]  3 |[ ]  4 |[ ]  5 |
| **6** | Crisis care and planning – Emergency department visits and acute-care stays, adult protection, alternate level of care units or transitional care units, urgent placement in long-term care |[ ]  1 |[ ]  2 |[ ]  3 |[ ]  4 |[ ]  5 |
| The following questions are for general feedback. If you have comments specific to a particular section, please reference the section number and letter above. |
| 6. Is the language used appropriate? |[ ]  Yes |[ ]  No |
| If no, how could it be improved? |
| Click or tap here to enter text. |
| 7. Is the material meaningful and informative?  |[ ]  Yes |[ ]  No |
| If no, could you provide some guidance for improvement? |
| Click or tap here to enter text. |
| 8. Were the links and attached resources relevant, helpful and quick to load? |[ ]  Yes |[ ]  No |
| If no, do you have suggestions? |
| Click or tap here to enter text. |
| 9. Is there logical flow and sequence to the information? |[ ]  Yes |[ ]  No |
| If no, could you suggest how to smooth it out? |
| Click or tap here to enter text. |
| 10. Is TIAC easy to navigate? |[ ]  Yes |[ ]  No |
| If no, how could this be improved? |
| Click or tap here to enter text. |
| 11. Is there other information or topics that should be added? |[ ]  Yes |[ ]  No |
| If yes, what would you suggest? |
| Click or tap here to enter text. |
| 12. Is there information that needs improvement in quality? |[ ]  Yes |[ ]  No |
| If yes, could you be specific? |
| Click or tap here to enter text. |
| 13. Overall, do you think TiAC fulfills the purpose stated on page 1? |[ ]  Yes |[ ]  No |
| If no, could you be specific? |
| Click or tap here to enter text. |
| 14. Would you refer caregivers to this website? |[ ]  Yes |[ ]  No |
| 15. Comments |
| Click or tap here to enter text. |
|  |
| ***Thank you so much for your input. It is appreciated.*** |