# Qualifying for Survey

1. **Are you a health care provider? By health care providers we mean any individual employed in health occupations who are working in health industries.** Your role is directly or indirectly related to the maintenance of the health of another individual including any physician; nurse; EMTs/paramedics; psychologist, social worker, allied health provider (audiologists, respiratory, speech-language, occupational, radiation, and physical therapists, diagnostic medical personnel, imaging specialists; nutritionists/dietitians; assistants (therapy, medical, and physician); recreation therapists; health care aides; personal care attendants; exercise science professionals (exercise physiologists, kinesiotherapists); health educators (asthma educators, diabetes educators); counselors (genetic counselors, mental health counselors, family therapists); specialists in cancer diagnosis and treatment; pharmacists and pharmacy personnel (pharmacy technicians and assistants).
   1. Yes, I am employed as a healthcare provider.
   2. Yes, I am a healthcare provider, but I am not currently employed in healthcare.
   3. Don't know/ Not sure
   4. No, I am not a healthcare provider
2. **What is your healthcare profession?**
3. Activity assistant
4. Audiologist
5. Diagnostic imaging specialist
6. Dietitian
7. Dietic Aide
8. Educators (asthma, diabetes);
9. Emergency medical technician
10. Exercise physiologist
11. Family therapist
12. Genetic counselor
13. Health care aide
14. Kinesiologist
15. Medical assistant
16. Mental health counselor
17. Nurse, Geriatric
18. Nurse, Licenced Practical nurse
19. Nurse, nurse practitioner
20. Nurse, Psychiatric
21. Nurse, Registered
22. Nursing assistant
23. Nutritionist
24. Occupational therapist
25. Paramedic
26. Personal care attendant
27. Pharmacist
28. Pharmacy assistant
29. Pharmacy technician
30. Physical therapists,
31. Physician
32. Physician assistant
33. Psychologist
34. Radiation therapist
35. Recreation therapist
36. Respiratory therapist
37. Social work assistant
38. Social worker
39. Speech-language therapist
40. Therapy assistant
41. Other

**2a You answered “other”. Please tell us what your healthcare profession is**

1. **Are you a family caregiver?** We define family caregiver (carer, care partner) as any person who takes on a generally unpaid caring role providing emotional, physical, or practical support in response to another person's disability, mental illness, drug or alcohol dependency, chronic condition, dementia, terminal or serious illness, frailty from aging, or COVID-19.
   1. Yes, I am caring for a family member, chosen family, friend, or neighbor now.
   2. I have not provided this support in the past 12 months
   3. No, I am not providing care.
   4. Don't know/ Not sure
2. What Province do you live in?
3. Alberta
4. British Columbia
5. Manitoba
6. New Brunswick
7. Newfoundland and Labrador
8. Northwest Territories
9. Nova Scotia
10. Nunavut
11. Ontario
12. Prince Edward Island
13. Quebec
14. Saskatchewan
15. Yukon

# Double-Duty Caregiving (DDC) Scale

This **Double Duty Caregiving Scale** reflects your experiences of being a double-duty caregiver,

a health care provider who simultaneously provides care to patients and to a person needing care.

**A. EXPECTATIONS**

The following are statements related to the **expectations** that health care

providers may experience while caring for a family member, chosen family, friend, or neighbor. There are many factors that influence expectations of care, one of which may be that the family caregiver has a professional health care background. Please indicate on a scale of 1-5 where 1 is ‘strongly disagree’ and 5 is ‘strongly agree’ how much you agree or disagree with each statement.

**1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree**

“**Because of my health care background…**

1. I have high expectations of myself to provide care to my family member, chosen family, friend, or neighbor.
2. I personally feel obliged to use my *professional* knowledge and skills to help care for my family member, chosen family, friend, or neighbor.
3. My care-receiver expects me to provide care for him/her.
4. My family expects me to provide *professional* care to my family member, chosen family, friend, or neighbor.

**B. SUPPORTS**

The following are statements related to the **supports** that health care providers

may experience while caring for a family member, chosen family, friend, or neighbor. Please indicate how much you agree or disagree with each statement.

**1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree**

**“As a caregiver for a family member, chosen family, friend, or neighbor”:**

1. I can count on my friends and/or family to be there for me.
2. I receive help from my friends and/or family when I ask for it.
3. I can ask my colleagues for support in the care of my family member, chosen family, friend, or neighbor.
4. My workplace supports me to provide care to my family member, chosen family, friend, or neighbor.

**C. KNOWING LIMITS**

**Instructions:** The following are statements related to **knowing limits** that health care

providers may use to help them in providing care to their family member, chosen family, friend, or neighbor. Please indicate how much you agree or disagree with each statement below.

**1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree**

**“Because I am a health care provider who also provides care to my family member, chosen family, friend, or neighbor:”**

1. I have clear-cut ideas of what I can do and what I can’t do in caring for my family member, chosen family, friend, or neighbor.
2. I know my limits when I provide care to my family member, chosen family, friend, or neighbor.

**D. SETTING LIMITS**

**Instructions:** The following are statements related to **setting limits** that health care providers

may use to help them in providing care to their family member, chosen family, friend, or neighbor. Please indicate how much you agree or disagree with each statement.

**1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree**

**“Because I am a health care provider who also provides care to my family member, chosen family, friend, or neighbor:**

1. I say “no” to requests to provide *professional* care for my family member, chosen family, friend, or neighbor from family members.
2. I say “no” to requests to provide *professional* care for my family member, chosen family, friend, or neighbor from other health professionals.

**E. MAKING CONNECTIONS**

The following are statements related to **making connections** that health care

providers may use to help them provide care to their relatives. Please indicate how much

you agree or disagree with each statement below.

**1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree**

**“Because I am a health care provider who also provides care to my family member, chosen family, friend, or neighbor:**

1. I use my *professional* connections to obtain quality care for my family member, chosen family, friend, or neighbor.
2. I use my *professional* connections to access health care information for my family member, chosen family, friend, or neighbor.
3. I tap into my *professional* resources to ensure quality care for my family member, chosen family, friend, or neighbor.
4. I use my knowledge of the health care system to access the appropriate care for my family member, chosen family, friend, or neighbor

**F. CAREGIVING INTERFACE**

**Instructions:** The following are statements related to the **boundaries** between professional

care and family caregiving. Please indicate how much you agree or disagree with each statement

below by **circling** one of the following.

**1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree**

**“Because I am a health care provider who also provides care to my family member, chosen family, friend, or neighbor:**

I can never get away from providing care.

I feel pulled in two or more directions.

I feel like I am caught between two worlds (professional and personal).

I feel my *professional* care to my family member, chosen family, friend, or neighbor goes unrecognized.

I experience stress when my family caregiver and professional roles blur.

I struggle to keep my “health professional” and “family caregiver” roles separate.

# Your Health

**We are going to ask about your health and wellbeing. Please help us to understand how you feel right now.**

1. **COVID-19 and double-duty caregiving may affect stress and anxiety. Think about how you feel today. For each statement, please indicate how much you agree with the statement, *Not at all, Somewhat, Moderately, Very Much.***

A. I am comfortable

B. I am anguished

C. I feel at ease

D. I feel nervous

E. I feel concerned

F. I feel good

1. **In general, would you say your health is poor, fair, good, very good, or excellent?**
2. **Over the last year, my PHYSICAL health has,**
3. Has improved
4. Remained about the same
5. Has deteriorated e.g., less fit, more pain, new illness)
6. Don’t know/ Prefer not to answer
7. **Over the past year, my MENTAL health has**
8. Has improved
9. Remained about the same
10. Has deteriorated e.g., less fit, more pain, new illness)
11. Don’t know/ Prefer not to answer
12. **COVID-19 may have affected your social relationships and networks. For each statement, please tell us how much you agree with the statements with Yes, More or Less, or No.**

A. I often feel rejected

B. I experience a general sense of emptiness

C. I miss having people around me

D. There are plenty of people I can rely on when I have problems

E. There are many people I could trust completely

F. There are enough people I feel close to

1. **We would like to know how YOU are managing overall. Which of the following statements describes you right I can now? Select one answer.**
2. I am active, energetic, and exercise regularly.
3. I am well, but only occasionally active. I manage finances/transportation/heavy housework on my own.
4. My health conditions are well managed, but I am generally inactive. I may require advice on how to obtain supports with finances/transportation/heavy housework.
5. I am more tired than I used to be, and have more troubles obtaining supports than before, but still can coordinate things myself.
6. I need physical or practical assistance with finances, transportation, or heavy housework.
7. I need assistance with out-of-home activities, struggle with stairs, and could use help with my bathing or medications.
8. I need help with all my personal care
9. I am completely dependent for all personal care (dressing, eating, help to go to the bathroom).
10. I am very ill and near the end of my life.

# Demographics

1. **In which healthcare setting are you primarily employed?**

1, primary care

2, acute care

3, home care

4, supportive/assisted living

5, long-term care

6, emergency medical care

7, community or social care

8, Not currently employed as a healthcare provider

9, Other

1. **How old are you?**
2. 16 to 24
3. 25 to 34
4. 35 to 44
5. 45 to 54
6. 55 to 64
7. 65 to 74
8. 75 or older
9. Prefer not to answer
10. **What is your gender? Which of the following do you identify with? Please select one answer.**
11. Woman
12. Man
13. Transgender
14. Non-binary
15. Other
16. **Do you live in an urban, suburban, rural or remote setting?**
17. Urban
18. Suburban
19. Rural
20. Remote
21. **What is your marital status? Are you:**
22. married?
23. living common-law?
24. widowed?
25. separated?
26. divorced?
27. single, never married?
28. Don’t know/Prefer not to answer
29. What is the highest level of education you have completed or the highest degree you have received?

1, Less than high school diploma

2, High school diploma or equivalent (e.g., GED)

3, Some college not completed

4, Certificate

5, Diploma

6, Bachelor degree

7, Graduate degree

8, Prefer not to answer

1. Please choose your ethnicity:

Black

Caucasian/ White

Filipino

First Nations

Hispanic or Latinx

Inuit

Metis

South Asian

Southeast Asian

West Asian

Other

Prefer not to answer

Employment

1. **In an average week, how many hours are you working in your healthcare employment?**

1, 0 hours/week

2, 1-14 hours/week

3, 15-29 hours/week

4, 30-34 hours/week

5, 35-39 hours/week

6, 40 hours/week

7, 41-49 hours/week

8, 50 or more hours/week

9, Prefer not to answer/Don’t know

1. **Has your employment status changed as a result of your caregiving?**

1, Yes

2, No

3, Prefer not to answer/ don’t know

**2a You said yes, your employment changed because of your caregiving. How has it changed? Please select the reason that best applies,**

1. Working more hours due to caregiving
2. Working fewer hours due to caregiving
3. On a leave of absence due to caregiving
4. Left of employment due to caregiving
5. Laid off temporarily due to caregiving
6. Working from home due to caregiving
7. Don’t know/ Prefer not to answer
8. Other

2b. You selected other reasons your employment changed because of your caregiving. Please tell us how employment changed.

1. **Is there anything you would like to tell us about the impact of caregiving on your employment during the pandemic?**
2. **Is there anything you would like to tell us about the impact of your employment on your family caregiving during the pandemic? The impacts could be positive, negative or both.**

# Family Caregiving

1. **In an average week, how much time do you spend 1 hour or less providing care to a family member, chosen family, friend, or neighbor ? There are 168 hours in a week.**
2. 1 hour a week or less
3. 2 to 9 hours
4. 10 hours
5. 11 to 20 hours
6. 21 to 30 hours
7. 31 to 40 hours
8. 41 to 80 hours
9. 81 to 120 hours
10. 121 to 168 hours
11. Prefer not to answer
12. **During the past 12 months, how many family members, friends, or neighbours have helped you with your family caregiving?**
13. **How many years have you been a family caregiver providing care for a family member, chosen family, friend, or neighbor? (Please round your answer to a whole number of years e.g.,1, 2 3, 6, 10 )**
14. **In the last year during the COVID-19 pandemic, have you experienced financial hardship because of your caregiving responsibilities? Please select one answer.**
15. No financial hardships because of caregiving responsibilities.
16. A few financial hardships because of my caregiving responsibilities.
17. Moderate financial hardships because of my caregiving responsibilities.
18. Yes, a lot of financial hardships because of my caregiving responsibilities.
19. **Are you a “sandwich generation” caregiver, that is caring for children under the age of 18 (your children, stepchildren, grandchildren) and are a family caregiver to a family member, chosen family, friend or neighbor?**
20. Yes
21. No
22. Don’t know/Prefer not to answer

**5A In the last 12 months, which of the following parental care tasks have you primarily been responsible for? Check all that apply**

1. Taking the children to and from school or daycare centre
2. Staying home with the children
3. Homeschooling, supervising online schooling, or helping children with homework
4. Putting the children to bed or seeing that they go to bed
5. Playing with the children or taking part in leisure activities with them
6. **How many people do you care for?**
7. 1 person
8. 2 people
9. 3 or more
10. Prefer not to answer

**When answering the next set of questions please think about the care receiver you SPEND the MOST TIME caring for.**

1. **What is your relationship to the person you care for? Please select one** **answer**
2. Parent/In-Law
3. Spouse/Partner
4. Child
5. Chosen family
6. Sibling
7. Other Relative
8. Friend
9. Neighbor
10. Employer/ employee
11. Prefer not to answer
12. **Where does the person you spend the most time caring for live right now? Please select one answer.**
13. They live with you in the same household as you do.
14. They live separately in their own private household (house, condo, apartment)
15. They live in supportive living (e.g., lodge, assisted living)
16. They live in long-term care or a group home
17. Other

**2a You answered that you care for someone in another living situation. Please tell us where they are living?**

1. **Please estimate how long it takes you to travel (one -way) by automobile to provide care for your family member, chosen family member, friend or neighbor.**

1, Live with me

2, less than 10 min,

3, 11-30 min,

4, 31-59 min,

5, 60 min (1 hour)

6, 1 to 2 hours

7, 3 to 6 hours

8, 7 to 12 hours

9, 13 to 24 hours

10, More than 24 hours

11, Don't know/ Prefer not to answer

1. **How old is the person you SPEND THE MOST TIME CARING FOR? (e.g. Less than a year, 1, 2, 3, …. 70, 80, 100)**

# Your turn

1. We have asked you many questions, is there anything that you would like to tell us about double duty caregiving or what you think needs to be done to support double-duty caregivers?

Thank you for completing the survey questions. You are now being taken to a separate survey in which you can indicate if you would like to participate in individual interviews and if so to provide your email address. This protects your privacy and confidentiality. We will NOT be able to connect any identifying information (Name or email address) to your survey data.

Linked to NEW Survey:

Would you like to participate in a follow-up interview? We expect to interview between 10 to 25 double duty caregivers. The interview will take about 1 hour of your time and will be conducted by phone or on ZOOM.

1. Yes I would like to participate in an interview
2. No I do not want to participate in an interview

Branching logic

If yes, Thank you, Can you provide your email address?