Multnomah County Aging, Disability & Veteran Services

Family Caregiver Support Program

GRANDPARENT RAISING GRANDCHILDREN QUESTIONNAIRE

The goal of this questionnaire is to assist us, so we can better assist you!
Your role in caring for your loved one is an important one and one we honor.
Feel free to add anything you like to this questionnaire and feel free to skip questions you don't wish to answer.

Section A. Household Characteristics

1. Grandparent Information:

First name: _____ Last name: _____

2. Are you raising a child 18 yrs old or younger? ☐ Yes ☐ No

If yes, what is your relationship to the child?
☐ Grandparent ☐ Great Grandparent ☐ Other

If "other," please specify: _____

3. How many grandchildren are you raising?

Name:	DOB:
Name:	DOB:
Name:	DOB:

4. Are you responsible for providing care for anyone else? ☐ Yes ☐ No
If yes, please tell us about your responsibilities:

_____

_____

5. Who else lives in your household, besides your grandchild(ren)

Relationship

Name:	Age:
Name:	Age:

6. Does anyone help you provide the basic needs for your grandchild(ren)? ☐ Yes ☐ No

If yes, who? Relationship

Name:	Age:
Name:	Age:

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7. What is the legal status of the relationship with your grandchild(ren)?

- ☐ Relative foster care
- ☐ Adoption
- ☐ Guardianship
- ☐ Legal Custody
- ☐ Consent or Power of Attorney
- ☐ No legal relationship
- ☐ Don't know or uncertain
- ☐ Other, please specify _____

8. How did you become responsible for providing for the basic needs of your grandchild(ren)? (check all that apply)

- ☐ Parent(s) unable to care for children
- ☐ Parent(s) died
- ☐ Parent(s) are in the military
- ☐ Parent(s) in jail/prison
- ☐ Parent(s) were deported
- ☐ Child(ren) have been removed from the parent(s) by the State
- ☐ Parent divorced/remarried
- ☐ Other, please specify_____

9. Does the biological parent(s) of your grandchild live with you? ☐ Yes ☐ No

10. How often does the grandchild(ren) spend time with his/her/their biological parents? (check all that apply)

- ☐ Never
- ☐ Once a week
- ☐ Once a month
- ☐ Once every 6 months
- ☐ Once a year
- ☐ Other, please specify below:

11. Caring for a child takes a lot of time and energy. What do you do to take care of yourself?

- ☐ Exercise
- ☐ Spend time with friends
- ☐ Spend time doing hobbies
- ☐ Practice my faith
- ☐ I don't have time to take care of myself
- ☐ Other, please specify _____

If there are barriers for you to participate in any of the above activities please specify those barriers (time, cost, transportation, etc.)

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Section B. Challenges of Raising Your Grandchild

1. Please select the challenges that you face in raising your grandchild or grandchildren. (Please check as many that apply.)

- ☐ Less time for myself
- ☐ Less time for my family
- ☐ Less privacy
- ☐ Interferes with job
- ☐ Financial burden
- ☐ Feeling "tied down"
- ☐ Lack of sleep
- ☐ Impact on my own physical health
- ☐ Feel isolated or alone
- ☐ Stress
- ☐ Relationship problems with spouse/domestic partner
- ☐ Difficulty with health care access for child
- ☐ Difficulty with school registration for child
- ☐ No longer qualify for public assistance (e.g., medicare, welfare)
- ☐ Conflicts with the biological parents
- ☐ Legal difficulty
- ☐ Difficulty parenting the child
- ☐ Dealing with bureaucracy
- ☐ There are no challenges
- ☐ Other, please specify_____

Section C. Grandparent's Health

1. How would you describe your overall health?

☐ Poor ☐ Fair ☐ Good ☐ Excellent

2. Do you have any of the following diagnosed medical conditions or other needs that impact your quality of life? (Check all that apply)

- ☐ Diabetes
- ☐ Cardiovascular disease
- ☐ Arthritis
- ☐ Mental illness/depression
- ☐ Substance abuse/addiction
- ☐ Hearing problems
- ☐ Vision problems
- ☐ Deafness
- ☐ Blindness
- ☐ Physical disabilities
- ☐ Other, please specify_____

Section D. Grandchild's Health

1. How would you describe your grandchild or grandchildren's overall health?

☐ Poor ☐ Fair ☐ Good ☐ Excellent

2. Has your grandchild or grandchildren been diagnosed with any medical conditions, or have other special needs? (Check all that apply)

- ☐ Hyperactivity disorder
- ☐ Learning disability
- ☐ Fetal alcohol syndrome
- ☐ Cognitive impairment
- ☐ Developmental disabilities
- ☐ Mental health issues
- ☐ Physical disabilities
- ☐ Hearing problems
- ☐ Deafness
- ☐ Vision problems
- ☐ Blindness
- ☐ Behavioral problems
- ☐ Substance abuse issues/addiction
- ☐ None
- ☐ Other, please specify_____

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Section E. Social Service Utilization and Needs of Grandparent

Please think about each service for grandparents listed below and indicate whether you: **currently use the service (USE), don't need the service (DON'T NEED), or would like the service but are not currently using it (WOULD LIKE).**

1.Services for Grandparent	Use	Don't Need	Would Like
a. Support group for grand parents raising their grandchild(ren)	☐	☐	☐
b. Assistance with school system (getting grandchild enrolled, helping with school work, learning disabilities, etc.)	☐	☐	☐
c. Homemaker services/home health aid	☐	☐	☐
d. Shopping assistance	☐	☐	☐
e. Education about available services	☐	☐	☐
f. Assistance in accessing available services (benefits, counseling, case management, etc.)	☐	☐	☐
g. Individual counseling	☐	☐	☐
h. Someone to care for your grandchild(ren) when you need some time off	☐	☐	☐
i. Legal assistance (guardianship, immigration/citizenship, adoption, etc.)	☐	☐	☐
j. Medicine/prescription delivery	☐	☐	☐
k. Housing assistance (financial assistance, help finding affordable housing, etc.)	☐	☐	☐
l. English as a Second Language (ESL) classes	☐	☐	☐
m. Technology classes (using computers, internet)	☐	☐	☐
n. Parenting classes (identifying signs of drug abuse, sex education, educational disabilities, etc.)	☐	☐	☐
o. Personal health education (managing chronic diseases)	☐	☐	☐
p. Job training	☐	☐	☐

2. If you checked "Would like to use this service but are not currently using it" for any of the services listed above, please check all the reasons why you aren't using the services. (Check all that apply).

- ☐ This service doesn't exist
- ☐ Not eligible
- ☐ Didn't know that this service was available
- ☐ Service provider doesn't understand my needs
- ☐ Didn't know where to go to get the service
- ☐ Not available in my language
- ☐ Didn't have transportation to get there
- ☐ Too far for me to drive
- ☐ Too expensive
- ☐ Too embarrassed to access this service
- ☐ Don't have time to access this service
- ☐ Other, please specify:

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3. Please choose the services that are most important to you as a grandparent raising your grandchild or grandchildren. (Check all that apply)

- ☐ Support group
- ☐ Assistance navigating the school system
- ☐ Homemaker services/home health
- ☐ Shopping assistance
- ☐ Education about available services
- ☐ Assistance in accessing available services (assisted referral)
- ☐ Individual counseling
- ☐ Legal assistance
- ☐ Housing assistance
- ☐ English as a Second Language (ESL) classes
- ☐ Technology classes
- ☐ Parenting classes
- ☐ Personal health
- ☐ Job training

4. From where or whom do you learn about services? *(Check all that apply)*

- ☐ Case worker
- ☐ School
- ☐ Social worker
- ☐ Church
- ☐ Community organization
- ☐ Health care provider
- ☐ Friends/family
- ☐ Brochure/print material
- ☐ Internet site
- ☐ Support group
- ☐ Newspaper
- ☐ Television
- ☐ Radio
- ☐ Other, please specify_____

Section F: Social Service Utilization and Needs for Grandchildren

Please think about each service for grandchildren listed below and indicate whether you or your grandchild(ren): ***currently use the service (USE), don't need the service (DON'T NEED),*** *or* ***would like the service but are not currently using it (WOULD LIKE).***

1.Services for Grandchildren	**Use**	**Don't Need**	**Would Like**
a. Support group/group activities for children being raised by their grandparents	☐	☐	☐
b. Medical care (including Medicaid)	☐	☐	☐
c. Daycare	☐	☐	☐
d. After school programs	☐	☐	☐
e. Summer camp	☐	☐	☐
f. Mentoring/role model	☐	☐	☐
g. Tutoring	☐	☐	☐
h. Individual counseling	☐	☐	☐
i. Scholarships	☐	☐	☐
j. Special education	☐	☐	☐
k. Drug awareness program	☐	☐	☐
l. Sex education program	☐	☐	☐

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2. If you checked "Would like to use this service but are not currently using it" for any of the services listed above, please check the reasons why you aren't using the services *(Check all that apply)*

- ☐ This service doesn't exist
- ☐ Not eligible
- ☐ Didn't know that this service was available
- ☐ Service provider doesn't understand my needs
- ☐ Didn't know where to go to get the service
- ☐ Not available in my language
- ☐ Other, please specify_____
- ☐ Didn't have transportation to get there
- ☐ Too far for me to drive
- ☐ Too expensive
- ☐ Too embarrassed to access this service
- ☐ Don't have time to access this service

3. Please select the services that are most important in meeting the needs of your grandchild(ren)**.** *(Check all that apply)*

- ☐ Support group
- ☐ Medical care
- ☐ Daycare
- ☐ After school programs
- ☐ Summer camp
- ☐ Mentoring/role model
- ☐ Tutoring
- ☐ Individual counseling
- ☐ Scholarships
- ☐ Special education
- ☐ Drug awareness program
- ☐ Sex education program

THANK YOU FOR YOUR TIME!