

Private Hire Supportive Home Care Worker Survey

Your response to this survey will help provide information for a potential employee owned supportive home care providers cooperative. All information will be treated confidentially. Your responses in no way will affect your participation in private hire supportive home care services.

CURRENT WORK SITUATION

1) On average, how many hours a week do you work in private hire supportive home care services? *Please circle one* How many people are you currently paid to provide care for through private hire home care?

1-5 hours 6-10 hours 11-15 hours 16-20 hours 21-25 hours 26-30 hours

31-35 hours 36-39 hours 40 hours 41-45 hours 46-50 hours 51 or more hours

2) Are you currently being paid to care for a family member? *Please circle one.*

Yes No

3) How many people are you currently paid to provide care for through private hire home care?

4) How long have you worked doing private hire supportive home care? *Please circle one.*

Less than 1 year 1-2 years 3-5 years 6-9 years 10-14 years

15-19 years 20-24 years 25-29 years

5) Over the years, how long have you worked in the field of long-term care? (including previous work in nursing homes, group homes, assisted living facilities, private care, etc.)

Please circle one

Less than 1 year 1-2 years 3-5 years 6-9 years 10-14 years

15-19 years 20-24 years 25-29 years 30-34 years 35-40 years 40+ years

6) What training have you completed to work as a home care provider? (*Check all that apply*)

Managed my own household

Cared for a disabled or elderly family member

Learned on the job

Received training from a previous employer

Completed a Certified Nursing Assistant training program

Took coursework for a nursing, psychology, social work, etc. degree

Other (please specify) _____

7) Do you personally feel you are prepared or have received enough training for your duties?

Yes No (*If no, please explain*) _____

8) How much do you currently earn per hour? *Circle one.*

\$6.51-\$7.00/hour \$7.01-\$7.50/hour \$7.51-\$8.00/hour \$8.01-\$8.50/hour

\$8.51-\$9.00/hour \$9.01-\$9.50/hour \$9.51-\$10.00/hour \$10.01-\$10.50/hour

\$10.51-\$11.00/hour \$11.00-\$11.50/hour \$11.51-\$12.00/hour more than \$12.00/hour

9) Do you consider your work with private hire supportive home care to be primary or supplemental income?
Please Check one

_____ Primary income – I support myself and other family members mainly by this work.

_____ Supplemental income – Most of my family’s income comes from somewhere else. I
use this work for extra cash or to make ends meet.

10) Are you covered by health insurance? Yes or No

If yes, please check how you currently receive your health insurance:

_____ Through my own purchased policy

_____ Through my own separate job

_____ Through a family member

_____ Badger Care

_____ Medicare

_____ Medicaid

<i>IMPROVEMENTS YOU WOULD LIKE IN YOUR WORK SITUATION</i>
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11) How many hours per week would you like to work? *Please Circle one*

1-5 hours 6-10 hours 11-15 hours 16-20 hours 21-25 hours 26-30 hours

31-35 hours 36-39 hours 40 hours 41-45 hours 46-50 hours 51 or more hours

12) Currently, private hire supportive home care providers receive limited benefits. What benefits would you like to receive? (*Check all that apply.*)

_____ a. Higher pay for work on evenings, weekends, or holidays

_____ b. Overtime pay (if you work more than 40 hours in a week)

- _____ c. Pay for time spent traveling between clients (in addition to mileage)
- _____ d. Sick leave (if you or a family member is ill)
- _____ e. Extra pay for being on-call to fill emergency vacancies
- _____ f. Paid vacation
- _____ g. Medical insurance
- _____ h. Dental insurance
- _____ i. Retirement program (pension plan, IRA, etc.)
- _____ j. Life insurance
- _____ k. Tuition reimbursement (if you attend classes for nursing, social work, etc.)
- _____ l. Other (*please specify*) _____

13) What five benefits do you feel are most important (*Please rank your choices by letter in order of importance to you: for example: g=#1 most important, j=#5 least important*)

- _____ #1 _____
- _____ #2 _____
- _____ #3 _____
- _____ #4 _____
- _____ #5 _____

14) What do you think would be a fair wage for the work of a supportive home care provider?

(Please circle one)

\$6.51-\$7.00/hour \$7.01-\$7.50/hour \$7.51-\$8.00/hour \$8.01-\$8.50/hour

\$8.51-\$9.00/hour \$9.01-\$9.50/hour \$9.51-\$10.00/hour \$10.01-\$10.50/hour

\$10.51-\$11.00/hour \$11.01-\$11.50/hour \$11.51-\$12.00/hour \$12.01-\$12.50/hour

\$12.51-\$13.00/hour \$13.01-\$13.50/hour \$13.51-\$14.00/hour \$14.01-\$14.50/hour

more than \$14.51/hour

14a) I would be willing to consider more benefits at a lower hourly wage

(Please check one) Yes_____ No_____

14b) I would be willing to consider fewer benefits at a higher hourly wage

(Please check one) Yes_____ No_____

15) What type of training would you be interested in receiving? *(Check all that apply)*

_____ a. First aid and CPR training

_____ b. Confidentiality training

_____ c. Healthy back training (how to lift properly, stretching exercises, etc.)

_____ d. Medication basics (how to properly store and dispense medicines)

_____ e. Sanitation and cleaning (preventing the spread of colds, food handling, etc.)

_____ f. Information about aging and disabilities (tips to work with Alzheimer's victims, the hearing impaired, how to recognize depression, etc.)

_____ g. Training to work with the developmentally disabled

_____ h. Training to work with children facing severe physical or developmental disabilities (to provide respite for their families)

_____ i. Training to work with adults with mental illness

_____ j. Training to care for Alzheimer's patients and others with dementia

_____ k. Positioning and transfers (preventing bed sores, moving client from bed to chair)

- _____ l. Information on diabetes, arthritis, or other chronic conditions
- _____ m. Administration training (how to complete timesheets, payroll, etc.)
- _____ m. Certified Nursing Assistant training
- _____ o. Other (please specify)_____

16) What five trainings do you feel are most important (Please rank your choices by letter in order of importance to you: for example: g=#1 most important, j=#5 least important)

- _____ #1 _____
- _____ #2 _____
- _____ #3 _____
- _____ #4 _____
- _____ #5 _____

17) What is the farthest distance (one way) you are willing or able to drive to work for a client?

Please circle one

Not able or willing to travel 1-5 miles 6-10 miles 11-15 miles 16-20 miles

21-25 miles 26-30 miles 31-35 miles 36-40 miles 41-45 miles 45+ miles

<i>Optional Information</i>

All information is confidential. Your responses will be combined with other home care workers to maintain individual privacy.

Please tell us about yourself: Please check the appropriate item which best describes you.

My current age is:

18-21 years old 22-25 26-30 31-35
 36-40 41-45 46-50 51-55
 56-60 61 +

I am: Male Female

I am: Single Married Separated
 Divorced Widowed

I have: *If you have children, please write in the number of children you have in each age group*

No Children Children aged 0-5
 Children aged 6-17 Children aged 18 +

I am: White (not Hispanic) Hispanic Native American
 African-American Asian-Pacific Islander 2 or more races

My highest level of education is:

Less than high school High School/GED
 Some College College

If you would like to share other comments, please write them on the back of this form.

Thank you for completing this survey.