In this survey, we are interested in learning more about the care you provide to a family member or friend who has a chronic, long-term health condition. A “care partner” is commonly defined as an individual whose intent is to help the patient in their disease management, who may provide assistance with personal care and routine needs. The valuable care you provide can help this person maintain an independent lifestyle and can include tasks like medical assistance, cooking, cleaning, shopping, giving medications, toileting assistance, and other tasks. Please be assured that your answers will remain anonymous.

The input you provide in this survey will directly inform decision-making so that we can provide better support to our employees who are serving as caregivers.

**Care Responsibilities**

1. During the past year, did you have to take time away from work (either paid or unpaid) to care for a

chronically ill family member or friend?

1. Yes
2. No

2. How long have you been providing care for this family member or friend?

1. Less than one year
2. 1 to 3 years
3. 4 to 10 years
4. More than 10 years

3. What is your relationship to the person for whom you provide care?

1. Spouse or partner
2. Adult child
3. Child
4. Parent
5. Grandparent
6. Sibling
7. Friend or neighbor
8. Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. What is your care recipient’s primary illness, disability, or condition that makes you the family caregiver? Select the best response below.

1. Accident or trauma resulting in spinal cord or traumatic brain injuries
2. ALS/Lou Gehrig’s disease
3. Alzheimer’s disease
4. Arthritis
5. Autism
6. Blindness, macular degeneration, vision loss
7. Cancer
8. Cerebral Palsy
9. Deafness, hearing loss
10. Mental health issues (addiction, depression, bi-polar, schizophrenia)
11. Diabetes
12. Epilepsy (seizures)
13. Fibromyalgia
14. Heart disease, stroke or related disorders
15. HIV/AIDS
16. Huntington’s disease
17. Hypertension/high blood pressure
18. Lung/pulmonary disease (COPD, Emphysema, Asthma)
19. Lupus
20. Down’s syndrome
21. Intellectual/developmental disability
22. Multiple Sclerosis
23. Parkinson’s disease
24. Sickle cell
25. Spinal disease or disorder
26. Other

5. How old is your care recipient?

1. Under 18
2. 18-24
3. 25-34
4. 35-44
5. 45-54
6. 55-64
7. 65-74
8. 75 or older

6. With which of the following do you assist your care recipient? (Select as many as apply)

1. Bathing or showering
2. Toileting
3. Incontinence
4. Getting dressed
5. Feeding
6. Transferring (Getting in and out of beds, chairs, the car)
7. Housework
8. Managing finances (bills, insurance paperwork, etc.)
9. Managing medications (ordering prescriptions refills, going to pharmacy, etc.)
10. Giving your care recipient medications
11. Transportation (driving to and from appointments, arranging travel)
12. Grocery shopping
13. Preparing meals
14. Arranging or supervising paid services (Home help or home health, cleaning, nurse/aides)
15. Other (Please describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. How much time do you spend each week providing these services?

1. Less than 5 hours per week
2. 6 to 20 hours per week
3. 20 to 40 hours per week
4. More than 40 hours per week

**Impact on Quality of Life**

8. How would you describe your level of stress in relation to your role as care partner?

1. I feel stress every day.
2. I feel stress every now and then.
3. I don’t feel stress related to my caregiving responsibilities.
4. I am not sure.

9. Do your caregiving responsibilities affect your health?

1. I feel that my health frequently suffers as a result of my caregiving responsibilities.
2. I feel that my health sometimes suffers as a result of my caregiving responsibilities.
3. I don’t feel that my health suffers as a result of my caregiving responsibilities.
4. I am not sure.

10. Please indicate how frequent each statement has been true for you in the past month.

Scale: Always, Frequently, Sometimes, Seldom, Never

My level of stress and worry has increased.

❏ ❏ ❏ ❏ ❏

I get support from family and friends.

❏ ❏ ❏ ❏ ❏

I am worried about our insurance coverage.

❏ ❏ ❏ ❏ ❏

I feel like I know enough about my loved one’s illness.

❏ ❏ ❏ ❏ ❏

I feel overextended with all that I have to do.

❏ ❏ ❏ ❏ ❏

**Impact on Employment**

Just a reminder that all your answers will remain anonymous.

11. How familiar are you with the Family Medical Leave Act (FMLA) and the provisions it includes relating to the role of care partners?

1. Very familiar
2. Familiar
3. Not familiar
4. Not at all familiar

12. Please indicate how often you encounter these issues.

Scale: Always, Frequently, Sometimes, Seldom, Never

There are times when my caregiving responsibilities affect my work.

❏ ❏ ❏ ❏ ❏

I find it hard to balance my caregiving and my other responsibilities.

❏ ❏ ❏ ❏ ❏

My role as care partner has prevented me from moving ahead at work.

❏ ❏ ❏ ❏ ❏

My caregiving responsibilities affect my productivity at work.

❏ ❏ ❏ ❏ ❏

I think I am seen as less committed to my job than other people who don’t have caregiving responsibilities.

❏ ❏ ❏ ❏ ❏

13. Are there other ways that being a care partner affects your ability to do your job?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14. Please indicate to what extent you agree with each statement.

Scale: Strongly Agree, Agree, Not Sure, Disagree, Disagree Strongly

I feel that the HR department at my workplace has shown that they want to support my role as care partner.

❏❏❏❏❏

It is important to me that my employer is asking me about my role as care partner.

❏ ❏ ❏ ❏ ❏

I would be more likely to stay in a job where my needs as a caregiver were met.

❏ ❏ ❏ ❏ ❏

My employer has demonstrated flexibility that has helped to accommodate my role as caregiver.

❏ ❏ ❏ ❏ ❏

15. Please indicate to what extent you agree with each statement.

Scale: Strongly Agree, Agree, Not Sure, Disagree, Disagree Strongly

My role as care partner may affect my ability to keep my job.

❏ ❏ ❏ ❏ ❏

I feel comfortable talking to my employer about my caregiving responsibilities.

❏ ❏ ❏ ❏ ❏

I feel my existing benefits are adequate to cover my needs as a caregiver.

❏ ❏ ❏ ❏ ❏

There are additional accommodations that my job could make to support me as a care partner.

❏ ❏ ❏ ❏ ❏

I would describe my company as a caring company.

❏ ❏ ❏ ❏ ❏

**Workplace Accommodations (OPTIONAL)**

16. How helpful would it be if your employer made accommodations to assist in your caregiving responsibilities?

Scale: Very Helpful, Helpful, Not Sure, Not Helpful, Not at All Helpful

Information about taking time off to care for your loved one.

❏ ❏ ❏ ❏ ❏

“Lunch and Learn’ sessions with experts in the management of chronic illness.

❏ ❏ ❏ ❏ ❏

On-site care partner support groups.

❏ ❏ ❏ ❏ ❏

Easy access to behavior health benefits.

❏ ❏ ❏ ❏ ❏

Flexible work schedule.

❏ ❏ ❏ ❏ ❏

Telecommute options, where appropriate.

❏ ❏ ❏ ❏ ❏

17. Do you have any additional suggestions for specific way that your workplace could assist you in

your role as care partner?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Demographic Information**

18. What is your gender identity?

1. Female
2. Male
3. Gender nonbinary
4. Other
5. Prefer not to say

19. What is your race or ethnicity? (Select all that apply)

1. America Indian or Alaskan Native
2. Asian
3. Black or African American
4. Native Hawaiian or Other Pacific Islander
5. White
6. Hispanic, Latino or Spanish
7. Other
8. Prefer not to answer

20. Marital status

1. Single, never married
2. Married or in a domestic partnership
3. Previously married

21. Age

1. Under 18
2. 18-24
3. 25-34
4. 35-44
5. 45-54
6. 55-64
7. 65-74
8. 75 or older

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