Rural Elder Care Coordination Survey

For families, seniors, care workers, agencies, and community partners in Northern BC

What this survey is about: I am exploring a care coordination service for families helping an older parent or loved one stay safely at home. The service could help organize weekly check-ins, appointments, transportation, home care visits, family updates, reminders, and local support services. It would not provide medical diagnosis or replace doctors, nurses, or home-care workers.

Your answers will help decide whether this service is needed and what it should include. Please answer only what you are comfortable sharing.

A. About you

1. Which best describes you? Check all that apply.

[ ] Adult child or family member of a senior [ ] Senior / older adult

[ ] Home-care worker [ ] Home-care agency owner or manager [ ] Community organization staff or volunteer [ ] Health or social-service professional

[ ] Other: _____

2. Where do you live or work?

_____

3. If you help care for an older adult, what community do they live in?

_____

4. How involved are you in coordinating care or support?

[ ] Not involved	[ ] A little	[ ] Somewhat	[ ] Very involved	[ ] Main person

B. Care coordination challenges

5. What is hardest to coordinate? Check all that apply.

[ ] Medical appointments [ ] Transportation or rides

[ ] Home-care visits [ ] Medication reminders or refills [ ] Groceries or meals [ ] Family communication

[ ] Cleaning, laundry, or home tasks [ ] Safety concerns or fall risk

[ ] Loneliness or social connection [ ] Finding local services

[ ] Benefits, forms, or paperwork [ ] Knowing who is responsible for what [ ] Other:

_____

6. In your own words, what is the biggest challenge?

_____

_____

_____

7. What usually gets missed, delayed, or forgotten? Check all that apply.

[ ] Appointments [ ] Rides or transportation

[ ] Medication pickup or refill [ ] Meals or groceries

[ ] Home-care schedule changes [ ] Family updates

[ ] Follow-up after a health concern [ ] Household tasks

[ ] Bills, forms, or applications [ ] Social visits or companionship [ ] No one notices small changes early [ ] Other: _____

8. Who is currently responsible for organizing care, tasks, appointments, and communication? [ ] The senior mostly handles it [ ] One family member handles most of it [ ] Several family members share it [ ] A home-care worker or agency helps [ ] A community organization helps [ ] No one clearly owns it

[ ] Other: _____

9. How often does care coordination feel stressful or unclear?

[ ] Never	[ ] Rarely	[ ] Sometimes	[ ] Often	[ ] Almost always

10. What would give you or the family more peace of mind? Check all that apply. [ ] Weekly check-ins with the senior [ ] Family updates after check-ins [ ] Appointment and ride reminders [ ] A shared task list for the family [ ] Help finding local support services [ ] Medication pickup/refill reminders [ ] A human care coordinator to call [ ] Early flags when something changes [ ] Simple phone or text updates [ ] A private online family dashboard

[ ] Other: _____

C. Interest in a care coordination service

11. How helpful would this service be?

[ ] Not helpful	[ ] Slightly	[ ] Somewhat	[ ] Very	[ ] Extremely

12. What would peace of mind be worth per month?

[ ] $0 [ ] Under $50

[ ] $50-$99 [ ] $100-$149

[ ] $150-$249 [ ] $250+

[ ] Not sure

13. Would you pay $99/month for weekly check-ins, family updates, appointment/task tracking, and help finding local support services?

[ ] Yes	[ ] Maybe	[ ] No	[ ] Only if funded	[ ] Not sure

14. Why or why not?

_____

_____

_____

15. Which features matter most? Pick up to five.

[ ] Weekly senior check-ins [ ] Family summary updates

[ ] Appointment tracking [ ] Transportation coordination

[ ] Shared family task list [ ] Medication refill reminders

[ ] Caregiver visit notes [ ] Local resource navigation

[ ] Help with forms and benefits [ ] Human care navigator

[ ] Phone/text option for seniors [ ] Private family dashboard

[ ] Emergency contact information in one place [ ] Other: _____ **16. What concerns would you have about using a service like this?**

[ ] Cost [ ] Privacy

[ ] Trust [ ] Too much technology

[ ] Senior may not want it [ ] Family may not agree

[ ] Not enough local support available [ ] Unclear who responds in an emergency [ ] Other:

_____

17. Any other comments, advice, or stories you are willing to share?

_____

_____

_____

_____

D. Optional pilot interest

Field	Your answer
Name	
Phone	
Email	
Location	
Who do you care for or support?	
Biggest challenge right now	

18. Are you interested in being contacted about a 90-day pilot?

[ ] Yes	[ ] Maybe	[ ] No

Please return this completed survey to: _____

Privacy note: Please do not write detailed medical information on this form. Contact information is optional and will only be used to follow up about this project or pilot interest.