



**HIDDEN
HELPERS**



Survey Preview

Do you agree to voluntarily complete this survey as part of the research project described above? ***By answering “Yes”, you are indicating that you read the consent form, that you understand it, and that you have no unanswered questions.***

Yes

No

Please choose one caregiving child to focus on while completing the rest of this survey. If you would like to share the experiences of another one of your children you may complete another survey once this survey is completed.

As you answer the questions below, please focus on the ways you’d like health care providers and other health care professionals to understand your child’s social, emotional, and/or mental health needs. (In other words, anything other than your child’s medical care needs.)

Please complete this survey to the best of your ability; we truly appreciate your insight and time.

1. Are you the parent/guardian of a child who lives in a military or veteran caregiving household - meaning that they live with a parent who: A) has service-related injuries or illnesses (including invisible injuries such as PTSD or brain injuries) and B) needs assistance with activities they used to do from themselves? Yes No
2. Do any of your children help with caregiving? This could include taking on additional household chores or caring for siblings so that one parent has more time to care for the parent with injuries or illness. It could also include providing care to the injured or ill parent or helping them with activities they used to do for themselves. Yes No
3. Do you want your child’s care provider to ask you and your child about the impact of being a part of a veteran or military family? Yes No Why or why not? (comment box)
4. Would you like your child’s care provider to ask you and your child about how being a caregiver impacts your child’s stress, sleep, school, and friends? Yes No Why or why not? (comment box)
5. What do you wish your child’s care provider knew about your family’s and/or child’s caregiving experience? (comment box)
6. Do you have any concerns sharing that your child helps provide support or care to a wounded, ill, or injured veteran with your child’s care provider? Yes No
What supports or knowledge would help lessen those concerns? (comment box)



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7. What would you change about the way your child's care provider engages with your caregiving family and/or child to better address your child's needs? For example, are there any questions you wish care providers would ask your child or you? Are there any barriers to accessing the care and services your child needs? Is there anything you wish care providers would offer? (comment box)
 8. Please share a time when you or your child felt supported and understood by your child's care provider. Please be specific — what happened or what did the provider say or do that helped you feel supported or understood? (comment box)
 9. Please share a time when you or your child did NOT feel supported and understood by your child's care provider. Please be specific — what happened or what did the provider say or do that made you feel unsupported and misunderstood? (comment box)
 10. How could your child's care provider best demonstrate an understanding of the unique stressors and needs of your caregiving child and family? (comment box)
 11. What kinds of services or supports would you like your child's care provider to connect you and your family with? (comment box)
 12. As we prepare to create a collection of web-based trainings and other resources to help care providers better understand the impacts of caring for a wounded, ill, or injured veteran on families and the children in those families, please list three things care providers need to know about your child. (comment box)
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You have completed this survey! Please take a few moments to respond to the brief demographic questions below.

Demographics

13. What is the age of your caregiving child? Under 5 years; 6 to 11 years; 12-15 years; 16-18 years
14. Gender identity of your child (select all that apply) Boy; Girl; Transgender; Non-binary/non-conforming; Questioning or unsure; Prefer not to disclose; Additional gender category/identity not listed (please specify below) (comment box)
15. Is your child of Hispanic, Latino, or Spanish origin? Yes No
16. How would you describe your child? (select all that apply) White or Caucasian; Black or African American; Asian or Asian American; Hispanic or Latino American; Indian or Alaskan Native; Native Hawaiian or other Pacific Islander; Middle Eastern; Other or Mixed Race
17. Is a language other than English spoken in the home? Yes No
If you answered yes, what language is spoken in the home? (comment box)



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18. In what type of community does your child live? Urban; Rural; Suburban

Thank you for your time. We appreciate your participation in the Hidden Helpers Survey.