

Lifespan Respite Training Videos Quiz

Please answer the following questions as directed. You may fill the quiz out as you watch the videos.

1. What is respite? _____
2. Match definitions in the right column to the titles on the left:
 - a. Primary caregiver _____
 - b. Respite provider _____
 - c. Care recipient _____
 - d. person being cared for
 - e. Takes care of a loved one
 - f. Provides the short break
3. Respite can be provided to individuals with:
Check all that apply.

<input type="checkbox"/> Intellectual Disability	<input type="checkbox"/> Physical Disability	<input type="checkbox"/> Terminal Illness
<input type="checkbox"/> Autism	<input type="checkbox"/> Dementia	<input type="checkbox"/> Alzheimer's
<input type="checkbox"/> Mental illness	<input type="checkbox"/> Traumatic Brain Injury	
4. Where can respite be provided?
Check all that apply.

<input type="checkbox"/> Caregiver's home	<input type="checkbox"/> Respite Provider's home	<input type="checkbox"/> Group home
<input type="checkbox"/> Day Care Setting	<input type="checkbox"/> Adult Day Care	<input type="checkbox"/> Community (activity)
<input type="checkbox"/> Vehicle providing transportation	<input type="checkbox"/> Youth Center	
5. How much does a respite provider make? _____
6. I must work for a business or agency to provide respite.
 True False
7. I do not need any training to provide respite.
 True False
8. True False
9. Respite workers are encouraged to join the Respite Coalition.
 True False
10. What are examples of professionalism?
Fill in the blank.
 - a. There needs to be _____ between myself and the caregiver.
 - b. Dress _____.

- c. Always be on _____.
- d. Knowing and being _____ for the tasks asked of you.

11. What are some questions you would ask a caregiver before providing respite?

Fill in the blank.

- a. When and _____ the respite will be provided?
- b. Who do I call in case of _____?
- c. Does the care recipient have any _____ that I should be aware of? How do I handle it?
- d. Is there any specific _____ that the care recipient likes to do?
- e. Does the care recipient have a unique way of _____?
- f. Is the care recipient able to _____ or does he/she use a device to help them?

12. What should you do if you do not understand what is being asked of you? _____ !

13. What information about the caregiver and care recipient should be kept confidential?

Check all that apply.

- | | | |
|---------------------------------------------|----------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Names of both | <input type="checkbox"/> Medical information | <input type="checkbox"/> Phone number |
| <input type="checkbox"/> Living arrangement | <input type="checkbox"/> Condition of home | <input type="checkbox"/> Payment amount |
| <input type="checkbox"/> Address | <input type="checkbox"/> What work you do | |

14. What is the number for APS? _____

15. What is the number for CPS? _____

16. List 3 tips for communicating with someone with varying abilities.

- a. _____
- b. _____
- c. _____

17. What do you need to do to be listed as a respite provider on the ADRC Resource Directory?

- a. _____
- b. _____
- c. _____
- d. _____

18. Is there any special training you would be interested in? _____

Remember to turn this sheet in with your other items to Vicki Clear.