



Caregiver Assessment

Date: _____ Email Address: _____ Phone #: _____

1. Caregiver's First Name:			
2. Caregiver's Last Name:			
3. Care Recipient's First Name:			
4. Care Recipient's Last Name:			
5. Caregiver's Relationship to Care Recipient:			
<input type="checkbox"/> Child	<input type="checkbox"/> Neighbor	<input type="checkbox"/> Sibling	
<input type="checkbox"/> Friend	<input type="checkbox"/> Grandparent	<input type="checkbox"/> Son/Daughter-in-Law	
<input type="checkbox"/> Grandchild	<input type="checkbox"/> Other Relative	<input type="checkbox"/> Spouse	
<input type="checkbox"/> Life Partner	<input type="checkbox"/> Other Non-Relative	<input type="checkbox"/> Refused to Answer	
6. Caregiver Demographics and Living Arrangement			
a. Marital Status:	<input type="checkbox"/> Married	<input type="checkbox"/> Not Married	<input type="checkbox"/> Not Reported
b. Hispanic Origin:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Reported
c. Race:	<input type="checkbox"/> Asian	<input type="checkbox"/> Black	<input type="checkbox"/> Indigenous
	<input type="checkbox"/> White	<input type="checkbox"/> Not Reported	
d. Lives with Care Recipient:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Refused to Answer
7. Assessment Time Start:			
8. Assessment Time End:			
9. Total Time:			

Caregiver Needs

10. Were you aware of the caregiver support resources prior to making this contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. If Yes , have you received caregiver support services in the past?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. If No , what prompted you to seek help now?	
13. Do you have concerns about receiving the caregiver support? (Check all that apply.)	
<input type="checkbox"/> Care recipient reluctant to accept outside help.	
<input type="checkbox"/> Do not trust service providers in the home.	
<input type="checkbox"/> No one else can provide care as well as I do.	
14. Other; please describe:	

Caregiver Profile

15. Are you paid to provide care for [care recipient's name]?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes , stop here.)
16. Are you the only non-paid person providing care to [care recipient's name]?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused to Answer
17. How long have you provided care for [care recipient's name]?	Year(s) Month(s)
18. How often do you provide care to [care recipient's name]?	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Refused to Answer
19. Do you have children under the age of 18?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused to Answer
20. Are you also providing care to any other individuals?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused to Answer
21. Is there anyone you can call on in an emergency to fill in for you as a caregiver?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused to Answer
22. Distance to care recipient's home: (Select one.)	<input type="checkbox"/> 0-10 miles <input type="checkbox"/> 11-40 miles <input type="checkbox"/> 41-100 miles <input type="checkbox"/> Over 100 miles
23. Do you have a chronic health condition or have you experienced a recent health crisis?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused to Answer (If No , go to Question 25.)
Caregiver's health condition/crisis:	
24. Has this health condition affected your ability to care for [care recipient's name]?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused to Answer
25. Are you employed?	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Not Employed <input type="checkbox"/> Refused to Answer
26. Have your caregiver responsibilities ever affected your employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused to Answer (If No , go to Question 28.)

Caregiver Assessment

27. How has your employment been affected? (Select all that apply.)

Schedule	Pay	Leave	Work Relationships	Performance
<input type="checkbox"/> Changed jobs. <input type="checkbox"/> Decreased hours or went part-time. <input type="checkbox"/> Has taken extended leave with pay. <input type="checkbox"/> Quit job.	<input type="checkbox"/> Has taken a second job. <input type="checkbox"/> Has lost wages or periods with no income. <input type="checkbox"/> Has taken leave without pay (LWOP). <input type="checkbox"/> Missed promotion opportunity. <input type="checkbox"/> Received pay cut or pay decrease.	<input type="checkbox"/> Takes leave frequently. <input type="checkbox"/> Used all paid leave; no leave remaining. <input type="checkbox"/> Exceeded Family Medical Leave Act (FMLA).	<input type="checkbox"/> Feeling of isolation. <input type="checkbox"/> Less co-worker interaction. <input type="checkbox"/> Tension or problem with co-worker. <input type="checkbox"/> Tension or problem with supervisor.	<input type="checkbox"/> Decreased confidence in own ability. <input type="checkbox"/> Decrease in productivity. <input type="checkbox"/> Difficulty with concentration or focus. <input type="checkbox"/> Fear of losing job. <input type="checkbox"/> Perform or manage caregiver tasks at work.

Caregiver Skills and Training Assessment

28. Which of the following tasks do you assist the care recipient with? (Check all that apply.)

- Personal care tasks (ADLs)
- Homemaker chores (IADLs)
- Transportation
- Managing finances
- Health care (doctor visits, medication monitoring)
- Supervision
- Emotional support

29. Other; please describe:

30. If [care recipient's name] has a palliative disease or condition, how knowledgeable do you feel about this disease or condition?

Very
 Somewhat
 Not at all

Care recipient's disease/condition:

Caregiver Assessment

31. Do you need information, education and/or training about the following? (Check all that apply.)

- How to care for yourself while caring for others
- How to provide care to an aging individual
- More information about care recipient's disease/condition
- How to get other family members to help
- Home safety and/or home modifications, or equipment
- Legal and financial issues, powers of attorney, living will
- Long-term care options (insurance and/or other benefits)
- In-home support services
- Short-term respite care in a facility
- Choosing a long-term care facility
- Support groups
- Individual counseling options
- On-line information and supports
- Hands on skills training for personal care tasks (bathing, grooming, toileting)

32. Other; please describe:

Caregiver Stress Interview

33. Do you find caring for [care recipient's name] to be stressful?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused to Answer
34. Would you rate your stress level as:	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High <input type="checkbox"/> Refused to Answer

Check the response that best describes how you feel:	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Refused to Answer
35. I feel a sense of satisfaction helping [care recipient's name].	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. I am confident about providing care to [care recipient's name].	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Caring for [care recipient's name] while trying to meet other responsibilities for my family or work is causing increased stress.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. I feel a sense of obligation to provide care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. My health has suffered because of my involvement with providing care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. My finances are strained because I provide care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Caregiver Assessment

Check the response that best describes how you feel:	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Refused to Answer
41. I could do a better job of caring for [care recipient's name].	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

42. What do you do to cope with the stress related to the challenges of caregiving? Describe:

43. Is this working to help relieve stress?

Yes
 Somewhat
 Not at all

Caregiver Priority Status

(Check all that apply.)

- Providing care to a person with Alzheimer's disease or related dementia.
- Providing care to person with another palliative disease.
- Grandparents or older relative caregivers who are 55+, who are providing care for children with severe disabilities.

Optional Targeting Categories (Check all that apply.)

- Caregiver recently hospitalized.
- Care recipient recently hospitalized.
- Caregiving is likely to continue indefinitely.
- Care recipient is at risk for placement in care facility.
- Caregiver has chronic health condition or has had a recent health crisis.
- Care recipient requires assistance with three or more ADLs.
- Caregiver's income is at or below federal poverty level.
- Caregiver is caring for more than one person.
- Other: _____

Notes

Link Worker's Name: _____