### **CAREGIVER ASSESSMENT – Professional Tool**

<b>CAREGIVER INFORMATI</b>	<u>ON (for primary caregiver)</u>		
First Name:	Last Name:	Age:	Gender:
Phone Number:	Email Address:		
Home Address:	Mai	iling Address:	
Caregiver's relationship to [inc	lividual]:		
Parent	Spouse/Partner/Significant Ot	ther Son/Daughter	
Grandparent	Sibling	Other Relative (specify	r):
Neighbor	Friend	Other (specify):	
Are you currently employed?	Yes No		
If yes, are you employed as:	[Individual's] caregiver full-time_	part-time (hours per	week:
	Other full-time		
<b>1 1 1 1 1</b>		put time (nouis per	week)
Do you live with [individual's	name]? Yes No		
If no, what is the distance betw	veen you and [individual's name]?		
next door/same building	_less than 1 mile1-10 miles	_11-40 miles41 – 100 miles	_over 100 miles
How long have you provided c	are for [individual's] illness or condi	tion?year(s)	month(s)
Are you raising any children u	nder the age of 18? Yes	No If yes, how many?	
Are you providing care to any	-	· · · · ·	
	p to you? My		
-			
Does [individual s name] nave	an aide and/or nurse provided throug	in the walver? Yes No Ho	urs per week
Does anyone else share caregiv	ving responsibilities with you for [inc	lividual's name]? Yes	No
If yes, please indicate who:			
CAREGIVER 2 INFORMAT	ΓΙΟΝ Name:		
Caregiver's relationship to [inc			
Parent	Spouse/Partner/Significant Ot	ther Son/Daughter	
Grandparent	Sibling	Other Relative (specify	·):
Neighbor	Friend	Other (specify):	,
Assists with:			
Assists with.			
<b>CAREGIVER 3 INFORMA</b>	<u> </u>		
Caregiver's relationship to [inc	lividual]:		
Parent	Spouse/Partner/Significant Ot		
Grandparent	Sibling	Other Relative (specify	):
Neighbor	Friend	Other (specify):	
Assists with:			

## **OTHER POTENTIAL SUPPORTS (Family, Friends, Groups):**

Are there individuals or groups in your life that **might help** you or [individual's name] in some way, but are not currently involved? Or are there individuals or groups who are involved but could do **more**?

How they might help:		
	How they might help:	

### \*\*PLEASE REFER TO CAREGIVER SELF-ASSESSMENT COMPLETED BY CAREGIVER FOR THE FOLLOWING \*\*

### **CAREGIVING STRESSES AND STRENGTHS:**

**STRESSES:** Caring for a family member or friend has both challenges and rewards. I would like you to think about what is stressful about your caregiving situation and rate that stress below. As you decide on your number, please consider caregiving tasks and responsibilities and also any effects caregiving has on your relationships, social activities, employment, education, and finances, physical or emotional health.

On a scale of 1 to 10, with 1 being no stress and 10 being extreme stress, how much stress are you feeling about your overall caregiving situation?

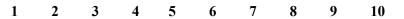
1 2 3 4 5 6 7 8 9 10

Please help me understand why you picked this number. What are the <u>most</u> stressful things about your caregiving situation?

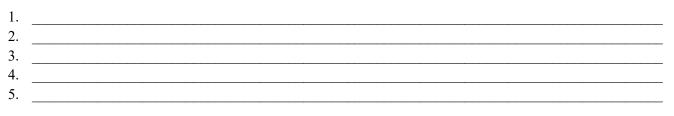
1.	
2.	
3.	
4.	
5.	

**STRENGTHS:** Many caregivers say they have personal strengths that help them with caregiving. Caregiving strengths include things like patience, knowledge about the illness or condition, energy, good health, physical strength, emotional strength, faith/spirituality, particular skills, sense of humor and many other things. You have already rated your stress. Now, I would like you to rate the caregiving strength that you bring to your caregiving situation.

# On a scale of 1 to 10, with 1 being no strengths at all and 10 being full of strengths, how much <u>strength</u> do you bring to your caregiving situation?



Please help me understand why you picked this number. What **specific** caregiving strengths do you have right now?



Interest

## [Complete Stresses/Strengths tool and review with caregiver. Give copy to caregiver]

Which services or help received by you or [individual's name] have been most effective at relieving your stress as a caregiver?

- \_\_\_\_\_
- \_\_\_\_\_

Have there been services or help that actually **increased** your stress? If yes, which ones?

- \_\_\_\_\_

Interest

## **OPPORTUNITIES FOR INFORMATION, EDUCATION AND TRAINING:**

We are interested in identifying information, education and training opportunities for caregivers. Please help us by indicating which information, education and training you would be interested in (check all that apply):

How to care for yourself while caring for	Home safety and/or home modifications or
others	equipment
Individual counseling options	Communicating more effectively with
	[individual]
Support groups	Personal care skills (e.g., bathing, transferring,
	toileting, etc.)
Websites and on-line supports	Skilled nursing tasks (e.g., colostomy, catheter,
	wound, feeding tube)
Connecting with other families who have	Exercise/therapy tasks (e.g., range of motion,
individuals with similar needs	swallowing)
[Individual's] disease/condition	Options for out-of-home respite
Long-term care options (e.g., insurance,	How to get other family/friends/groups to help
benefits, facilities)	out with caregiving responsibilities
Legal and financial issues	Coordinating [individual's] medical care and
	service providers
Advocacy	Communicating with doctors or specialists
Accessing Medicaid waiver programs	Understanding and responding to challenging
	behaviors/moods
Accessing other (non-waiver) services	Other (specify):

#### What are the best ways for you to receive education, information and training? (Check all that apply):

In-person class or support group		Written materials (book, pamphlet, newsletter)	
In-home training		Self-paced video or online training	
Virtual class or support group (e.g., Zoom)		Webinar	

## HEALTH:

In general, would you say your health is (select one): Excellent Good Fair Poor

At what point would you know that you can no longer keep [individual's name] at home?

**Observations/Comments/Concerns:** 

Professional's Name:

Date: