# **Caregiver Self-Assessment**

#### Who is a caregiver?

For the purposes of this assessment, a caregiver is a family member or friend providing care to an individual without which that individual could not remain at home. In other words, could the individual remain at home if that person was no longer available?

#### What is a caregiver assessment?

This caregiver assessment is a tool to help us understand the caregiving situation at home and how we can better work with you. It is **not** a survey or an evaluation of your abilities as a caregiver.

# Who should complete this form?

The "primary" caregiver, or the person who is most instrumental to keeping care at home, should complete this form.

# What do I do with this form?

Please complete this form and have it ready to share with us. We will review this form with you and will ask additional questions about your caregiving situation.

#### What will we do with this form?

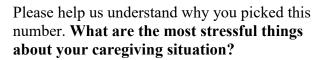
We will use your responses to better communicate with you about your caregiving situation. Periodically, we will ask you for updates during regular contacts with you.

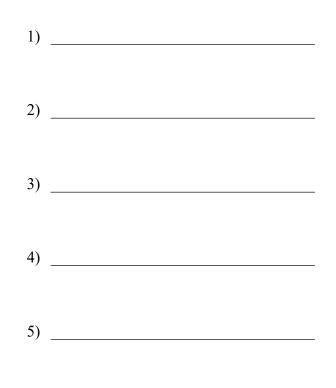
#### **CAREGIVING STRESSES**

Caring for a family member or friend has both challenges and rewards. Many caregivers say their caregiving situation is stressful for a variety of reasons. We 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, finances, and 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? Please circle the number that best describes your situation.

	Stresses
Extreme Stress	10
	9
	8
	7
	6
	5
	4
	3
_	2
No Stress	1

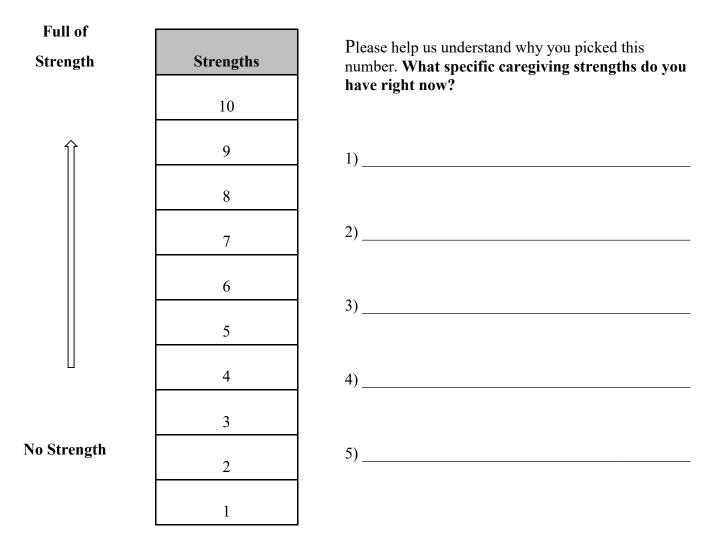




# **CAREGIVING STRENGTHS**

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, we 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 strength do you bring to your caregiving situation? Please circle the number that best describes your situation.



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

# At what point would you know that you can no longer keep care at home?

# **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 below):

	Interest		Interest
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 information or training? (Check all those 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	