CAREGIVER ASSESSMENT – Professional Tool

CAREGIVER INFORMATION (for primary caregiver)

First Name: _____ **Last Name:** _____ **Age:** _____ **Gender:** _____
Phone Number: _____ **Email Address:** _____

Home Address: _____ **Mailing Address:** _____

Caregiver's relationship to [individual]:

Parent		Spouse/Partner/Significant Other		Son/Daughter	
Grandparent		Sibling		Other Relative (specify):	
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 ____ part-time (hours per week: _____)

Do you live with [individual's name]? Yes No

If no, what is the distance between you and [individual's name]?
__next door/same building __less than 1 mile __1-10 miles __11-40 miles __41 – 100 miles __over 100 miles

How long have you provided care for [individual's] illness or condition? _____year(s) _____month(s)

Are you raising any children under the age of 18? Yes No If yes, how many? _____

Are you providing care to any other individuals? Yes No

If yes, what is their relationship to you? My _____

Does [individual's name] have an aide and/or nurse provided through the waiver? Yes No Hours per week _____

Does anyone else share caregiving responsibilities with you for [individual's name]? Yes No

If yes, please indicate who:

CAREGIVER 2 INFORMATION

Name: _____

Caregiver's relationship to [individual]:

Parent		Spouse/Partner/Significant Other		Son/Daughter	
Grandparent		Sibling		Other Relative (specify):	
Neighbor		Friend		Other (specify):	

Assists with: _____

CAREGIVER 3 INFORMATION

Name: _____

Caregiver's relationship to [individual]:

Parent		Spouse/Partner/Significant Other		Son/Daughter	
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**?

Relationship:	**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 **most** 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 strength do you bring to your caregiving situation?

1 2 3 4 5 6 7 8 9 10

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

1. _____
2. _____
3. _____
4. _____
5. _____

CAREGIVER STRESSES/STRENGTHS RATIO: Stresses _____ / Strengths _____ **as indicated on pg. 2)**

[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?

- _____
- _____

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)**:

	Interest		Interest
How to care for yourself while caring for others		Home safety and/or home modifications or 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 individuals with similar needs		Exercise/therapy tasks (e.g., range of motion, swallowing)	
[Individual's] disease/condition		Options for out-of-home respite	
Long-term care options (e.g., insurance, benefits, facilities)		How to get other family/friends/groups to help 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:** _____