

Family Caregiver Assessment Tool

Name of Caregiver: _____
Name of Individual Receiving Care: _____
Relationship to Individual Receiving Care: _____
Date I completed this survey: _____

The purpose of this survey is to assess how you, as the caregiver, feel about your caregiving role, your needs as a caregiver and future caregiving for the individual in your life. This survey is just a tool to begin to explore these issues for yourself and can help to bring up your thoughts as you move through the person-centered planning process. In order to apply this survey to the many different people who will go through the Person-Centered Planning program, we will refer to the person you provide care to as the "individual." *Please return this survey to us in the self-addressed, stamped envelope and we will send a copy back to you for your records.*

1. What type of care do you currently provide? (Check all that apply)

- I do not provide any care to the individual
- Medical decision-making (i.e. Medical Power of Attorney)
- Financial management and decision-making (i.e. Financial Power of Attorney)
- Lifting
- Bathing
- Feeding
- Transportation
- Grocery shopping
- Reminders to complete daily tasks (i.e. hygiene)
- Other: _____

2. Do you need to provide supervision to the individual?

- Yes
 - For personal safety
 - For medical reason
 - Other: _____
- No
- Not applicable

3. How often do you provide care? (Check all that apply)

- I do not provide hands on care
- I provide care 24 hours per day
- Every day for a few hours
- A few days per week
- Other: _____

4. Who helps you to provide care? (Check all that apply)

- I provide care on my own
- A family member
- A friend
- A paid provider
 - Respite
 - Attendant Care
- Other: _____
- Not applicable

5. How would you describe your level of stress associated with the care of the individual?

- I am stressed out on a daily basis
- I feel stressed out every now and then
- I do not feel any stress regarding the care of the individual
- Other: _____

6. Have you begun to think about how you plan to provide care for the individual in the long-term future?

- Yes
- No

7. If so, how much care do you plan to continue to provide in the future?

- I plan to provide more care
- I plan to provide the same level of care in the future as I do now
- I plan to provide some care in the future
- I do not plan to provide care in the future
- Other: _____

8. In the event you pass away or are unable to provide care for other reasons, have you begun to think about who else could or will provide care in the future?

- Yes
- No
- Not applicable

9. Have you begun to think about what other supports will be needed to provide care in the future? This could include the option for a residential placement (from a group home to independent living, bringing additional supports in to your home, etc).

- Yes
- No
- Not applicable

10. Do you know where to find information about possible supports that you will need to provide care in the future?

- Yes
- No
- Not applicable

11. Have you begun to discuss any of these options with the individual you provide care to?

- Yes
- No
- Not applicable

12. Have you begun to discuss any of these options with others in your life? This could be a family member, friend, a case manager or any other person.

- Yes
- No
- Not applicable

13. How worried are you about the future care of the individual?

- I worry every day
- I worry sometimes
- I never worry
- Other: _____

14. Do you talk to anyone in your life about your worries about the future care of the individual?

- Yes
- No
- Not Applicable

15. If you do talk to someone in your life about your worries, who is this person or people?

- A family member
- A friend
- A paid provider
- A support coordinator or case manager
- Other: _____
- Not applicable

16. Do you have any health issues (medical, mental health or others) that might prevent you from providing care in the future?

- Yes
- No
- Not applicable

17. Are you worried about how any of these health issues might affect the care you provide?

- Yes
- No
- Not applicable

18. Are you worried about how you will be able to afford to continue to provide care in the future?

- Yes
- No
- Not applicable

19. Are you familiar with financial resources that may be available to you or the individual you care for?

- Yes
- No
- Not applicable

20. Do you know where to find information about possible financial resources?

- Yes
- No
- Not applicable