Caregiver Assessment

Name of Caregiver
First Name:John
Last Name:Targaryen

Name of Individual Receiving Care
First Name:Bernie
Last Name:Dickenson

Relationship to Individual Receiving Care
Cousin

What type of care do you currently provide?

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

How often do you provide care?

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

Who helps you to provide care?

- [ ] I provide care on my own
- [x] A family member
- [x] A friend
- [x] A paid provider
- [ ] Other: _____

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

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

How much care do you plan to continue to provide in the future?

- [ ] I plan to provide more care
- [x] 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: _____

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

Have you begun to think about what other supports will be needed to provide care in the future?

- [x] Yes
- [ ] No

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

- [x] Yes
- [ ] No

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

- [x] Yes
- [ ] No

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

- [ ] I worry every day
- [x] I worry sometimes
- [ ] I never worry
- [ ] Other: _____

Do you have any health issues?

- [ ] Yes
- [x] No

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

- [ ] Yes
- [x] No