

# Caregiver Assessment

## Name of Caregiver

First Name:

Last Name:

## Name of Individual Receiving Care

First Name:

Last Name:

## Relationship to Individual Receiving Care

## What type of care do you currently provide?

- 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
- Other: \_\_\_\_\_

### How often do you provide care?

- 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: \_\_\_\_\_

### Who helps you to provide care?

- I provide care on my own
- A family member
- A friend
- 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
- 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
- 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?**

- Yes
- No

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

- Yes
- No

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

- Yes
- No

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

- I worry every day
- I worry sometimes
- I never worry
- Other: \_\_\_\_\_

**Do you have any health issues?**

Yes

No

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

Yes

No