

Care-Giver Assessment Tool

Introduction: This caregiver assessment is intended to be used following an initial positive screen of caregiver burden or depression¹. The tool gathers key information from the caregiver's perspective about their role, the care needs of the care recipient and how they meet these needs, aspects of their own health, the consequences of care-giving, and their perception of the resources available to them. It is estimated to take approximately 30 minutes or less to complete.

The information in this assessment is not intended to duplicate information within the client assessment – although client care information is linked, it is vital that the information captured approaches issues **from the caregiver's perspective**. Information from this tool is critical to accurately identify caregiver needs and to mutually develop a specific plan of care. If a comprehensive assessment of caregiver knowledge, skills and abilities for caregiving is required, it is suggested clinicians refer to the Care-giving Discussion Guide.

Instruction: Complete this assessment in consultation with the care-giver in a private environment.

Care-giver's Name: _____

Care Receiver's Name: _____

Clinician's Name: _____

Date(s) of Interview: _____

Domain #1: Background of the Caregiver and the Care-giving Situation

Briefly describe the following background caregiver characteristics:

- 1) Caregiver relationship to care recipient:
 - a) Relationship to person you care for: _____
 - b) How long have you been providing care? _____
- 2) Household Status:
 - a) Do you live in same household with the person you care for? Yes No
 - b) Are you married? Yes No
 - c) Do you have children? No Yes: Ages: <18 yrs >19 yrs
 - d) Where do your adult children live and how frequently in contact?

- 3) Other involvements in care:
 - a) Are other family members or friends regularly involved in providing care? Yes No
 - b) Do you have other care-giving responsibilities? (children, other adults)

 - c) Are you currently employed? No Yes: Fulltime Part-time

Notes:

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Domain #2:

Caregiver's Perception of Health and Functional Needs of the Person They Care For

1) "I would like to ask you some questions about <CR>'s health conditions and how that might affect his/her need for help or care. Can you tell me if <CR> has any..." (use quotes where possible)

a. Physical health diagnoses or problems? Yes No

Describe: _____

b. Mental health or emotional problems? Yes No

Describe: _____

c. Memory loss or cognitive impairment? Yes No

Describe: _____

d. Concerns about behavioural responses? Yes No

Describe: _____

- How frequently do they occur? _____
- Do the behaviours bother or upset you? _____

Description and Notes:

Domain #2: continued

Caregiver's Perception of Health and Functional Needs of the Person They Care For

2) Care-giver perception of care recipient's functional status: *(tick those that apply)*

a. ADL's: "Estimate how much care you provide for..."

Activities of Daily Living	Never	Occasionally	Most Days	Always	Estimated time/day
Bathing					
Dressing					
Shaving or Make-up					
Teeth/Mouth care					
Hair care					
Toileting					
Mobility					
Eating/Meals					

Comments:



b. IADL's: "Estimate how much care you provide for...."

Instrumental Activities of Daily Living	Never	Occasional	Most Days	Always	Estimated time/day or wk
Finances (banking, bills)					
Medications (e.g., administer? reorder?)					
Driving					
Making/keeping appointments (includes telephone)					
Organizing transportation					
Shopping					
Comments:					

Domain #3: Caregiver Values and Preferences

- 1) Have you willingly assumed the caregiver role? Yes No
- 2) Do you feel obligated to provide care? Yes No
- 3) Is the person you care for willing to accept your care? Yes No

What types of care arrangements are considered culturally acceptable for your family?
(Describe) _____

Domain #4: Health and Well-Being of the Caregiver

Assessment Questions:	Yes	No	N/A	Details/Description (point form or use quotes where appropriate)
<ul style="list-style-type: none"> • How would you rate your own health and well-being? <ul style="list-style-type: none"> <input type="checkbox"/> Better than 6 months ago? <input type="checkbox"/> About the same as 6 months ago? <input type="checkbox"/> Worse than it was 6 months ago? 				Describe:
<ul style="list-style-type: none"> • Do you have any current physical health conditions or symptoms of concern? • Have you seen your doctor about this? 				Describe:



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<ul style="list-style-type: none"> How often in the past 6 months have you visited your doctor or had a medical exam? Are you receiving treatment for physical health problems from other health care practitioners? 				Describe:
<ul style="list-style-type: none"> Are you experiencing any emotional health conditions or symptoms of concern? Are you receiving assistance to deal with your emotional concerns? 				Describe:
<ul style="list-style-type: none"> Do you currently participate in a support or discussion group in which you can describe your feelings? If yes, describe type of support group and frequency of attendance. Would you be interested in participating in such a group if it were available to you? 				Describe:
<ul style="list-style-type: none"> How often do you get a full night's sleep? 				Describe usual sleep pattern over a week:
<ul style="list-style-type: none"> How satisfied are you with your quality of life? How would you rate it? (Very poor, Poor, Fair, Good, Very good) 				Quality of Life: <u>Comment:</u>

Domain #5: Consequences of care-giving

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Perceived challenges of care-giving	Yes	No	N/A
1) Do you feel you have a consistent group of people who support you? 2) Do you feel lonely? 3) Has being a care-giver impacted your work? If so, how? 4) Do you feel care-giving affects your emotional and/or physical health problems (if any)? 5) Does the care-giving role stand in the way of doing things you would like to do? 6) Has there been financial strain due to your care-giving role? (e.g., quit job, hiring help) 7) Do you experience disagreements with other family members over particular care issues? 8) Comments:			



Perceived benefits of care-giving	Yes	No	N/A
1) Do you feel satisfaction in helping _____ (<<CR>> name of the care recipient)? 2) Do you feel you have developed new skills and knowledge as a result of care-giving? (identify and describe) <hr/> 3) Has your caregiving had a positive effect on your relationship with <<CR>>? Describe _____? 4) Has there been an improvement in family relationships (general closeness, communication, similarity of views, and degree of getting along) as a result of this care-giving situation? 5) Comments:			

Domain #6: Caregiver Resources: Helping network and perceived social supports

Ask the caregiver <i>their</i> perception of his/her resources:	Describe the details:
1. Who helps you? <ul style="list-style-type: none"> • What help do they provide? • When are they available? (under what conditions?) • Where can they provide care? (in-home, other?) • Can you rely on their help consistently or only occasionally? • Are they available to provide respite (relief) when you are unable to provide care? <input type="checkbox"/>Yes <input type="checkbox"/> No • If yes, is their assistance available on short notice? • Do you have a plan in place in case of crisis? • What will happen to <CR>, if you are unable to provide care? 	
2. Which community resources and services have you tried? (caregiver support programs, religious organizations, volunteer agencies) List: <ul style="list-style-type: none"> • Which resources/services are currently being used? • What worked, what didn't? • What are you aware of, but haven't tried? Why? 	



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<p>3. Do you desire added support or services? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <ul style="list-style-type: none">• Can you describe what priorities you would like to have some added help with?• Who in your support network might be able to provide that for you?• What resources do you think could be organized to assist you?• What are the caregiver's (and the care recipient's) preferences for the scheduling and delivery of care and services? (Describe details)		
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Section A: Notes, Comments for Referral, Care-planning, Follow-up: