Connecticut Caregiver Assessment

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Date of Assessment: ____/_____/_____

Caregiver's First Name:	
Caregiver's Last Name:	
Caregiver's Address:	
Care Recipient's First Name:	
Care Recipient's Last Name:	
Care Recipient's Address:	
Care Recipient Medicaid ID:	

How is the caregiver related to the consumer (care receiver)? The caregiver is the…

☐Parent or parent-in-law ☐Son/Daughter-in-law
☐Spouse or partner ☐Other relative (specify) _____
☐Child ☐Friend or neighbor
☐Sibling ☐Other Non-Relative (specify)_____
☐Grandparent ☐Unknown

Caregiver Information

1. Does the caregiver live with the care recipient?

☐Yes ☐Same structure/separate living area ☐No

1a. If answered Yes OR Same Structure/separate living area, does the care recipient live in the caregiver's house or his/her own house?

☐Caregiver's house ☐Care Recipient's house

1b. If No, how far away does the caregiver live from the care recipient?

☐Within a ½ hour ☐½ hour to 1 hour ☐Out of State
☐Out of Country ☐Not applicable ☐Unknown

2. How long has the caregiver provided assistance for the care recipient?

☐Less than 3 months ☐3-5 months ☐6-12 months
☐More than 1 year ☐1-2 years ☐3-5 years
☐6-10 years ☐11 years or longer

3. On average, how many hours of care does the caregiver provide each week?

☐1-5 hours ☐6-10 hours ☐11-20 hours ☐21-35 hours
☐36+ hours ☐24 x 7

4. Are there other family members or friends involved in the care of the care recipient?

☐Yes ☐No

4a. If yes, what is their relationship to the caregiver? Check all that apply.

☐Friends ☐ Neighbors ☐Spouse/partner
☐Children ☐Parents ☐Siblings
☐Other, please specify_____

Caregiver Skills and Training Assessment

5. Which of the following tasks does the caregiver assist the care recipient with?(Check all that apply.)

☐Personal care tasks (bathing, dressing, eating, using toilet, getting out of bed/chair, walking) (includes supervision or reminding)
☐Homemaker chores (planning or preparing meals, shopping, using phone, heavy/light housework) (includes supervision or reminding)
☐Transportation
☐Managing finances
☐Accompanying to medical appointments
☐Monitoring blood sugar
☐Monitoring/Administering medications ☐If yes, are any medications injectable (e.g. insulin) or intravenous?
☐Providing wound care
☐Monitoring oxygen tank
☐Providing colostomy, gastrostomy or tracheostomy care
☐Emotional support
☐Other
If other, please describe_____

6. If [care recipient's name] has a chronic disease or condition, how knowledgeable does the caregiver feel about this disease or condition?
   ☐Very
   ☐Somewhat
   ☐Not at all

Assessors: For Questions 7-12, ask the Caregiver directly to respond to each item.

Caregiver Burden[1]

The following questions reflect how people sometimes feel when taking care of another person. After each question, please indicate how often you feel that way. There are no right or wrong answers. For each question, please check the response that best reflects your experience.

How often:		Never 0	Rarely 1	Sometimes 2	Quite Frequently 3	Nearly Always 4
7a.	Do you feel that because of the time you spend with the person you help that you don't have enough time for yourself?	☐	☐	☐	☐	☐
7b.	Do you feel stressed between caring for the person you help and trying to meet other responsibilities (work/family)?	☐	☐	☐	☐	☐
7c.	Do you feel strained when you are around the person you help?	☐	☐	☐	☐	☐
7d.	Do you feel uncertain about what to do about the person you help?	☐	☐	☐	☐	☐

[1]Zarit Burden Interview. Source: Bédard, M., Molloy, D., Squire, L., Dubois, S., Lever, J. A., & O'Donnell, M. (2001)

Perceived Change Scale

In the past month:		Gotten much worse	Gotten somewhat worse	Stayed the same	Improved somewhat	Improved a lot
8a.	Has your ability to manage day to day caregiving:	☐	☐	☐	☐	☐
8b.	Have your feelings of being overwhelmed:	☐	☐	☐	☐	☐
8c.	Has your sense of control over your (CR's) problems:	☐	☐	☐	☐	☐
8d.	Has your ability to handle new caregiving problems:	☐	☐	☐	☐	☐
8e.	Has your ability to understand the (CR's) behavior:	☐	☐	☐	☐	☐
8f.	Have your feelings of being calm or relaxed:	☐	☐	☐	☐	☐
8g.	Have your feelings of being upset:	☐	☐	☐	☐	☐
8h.	Has your energy level:	☐	☐	☐	☐	☐
8i.	Have your feelings of being angry:	☐	☐	☐	☐	☐
8j.	Have your feelings that things have been going your way:	☐	☐	☐	☐	☐
8k.	Has your ability to sleep through the night:	☐	☐	☐	☐	☐
8l.	Have your feelings of being rested:	☐	☐	☐	☐	☐
8m.	Has your ability to have time for yourself:	☐	☐	☐	☐	☐

9. How likely is it that the person you help will move into a nursing home in the next six months?

☐ Not at all
☐ Somewhat
☐ Very
☐ Almost Certain

Patient Health Questionnaire (PHQ8)

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Over the last 2 weeks, how often have you been bothered by any of the following:		Not at all 0	Several days 1	More than half the days 2	Nearly every day 3
10a.	Little interest or pleasure in doing things?	☐	☐	☐	☐
10b.	Feeling down, depressed, or hopeless	☐	☐	☐	☐
10c.	Trouble falling asleep or staying asleep or sleeping too much?	☐	☐	☐	☐
10d.	Feeling tired or having little energy?	☐	☐	☐	☐
10e.	Poor appetite or overeating?	☐	☐	☐	☐
10f.	Feeling bad about yourself – or that you are a failure or have let yourself or your family down?	☐	☐	☐	☐
10g.	Trouble concentrating on things, such as reading the newspaper or watching television?	☐	☐	☐	☐
10h.	Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual?	☐	☐	☐	☐

11. In general, how would you rate your overall health? Would you say . . .

☐ Excellent,
☐ Very good,
☐ Good,
☐ Fair, or
☐ Poor
☐ Unknown

12. In general, how would you rate your overall mental or emotional health? Would you say…

☐ Excellent,
☐ Very good,
☐ Good,
☐ Fair, or
☐ Poor?
☐ Unknown

Caregiver Demographics

13. Caregiver's age?

☐ 18 TO 24 YEARS
☐ 25 TO 34 YEARS
☐ 35 TO 44 YEARS
☐ 45 TO 54 YEARS
☐ 55 TO 64 YEARS
☐ 65 TO 74 YEARS
☐ 75 TO 84 YEARS
☐ 85 YEARS OR OLDER
☐ Unknown

14. What is the Caregiver's current gender identity?

☐ Man
☐ Woman
☐ Transgender man
☐ Transgender woman
☐ Non-Binary/Genderqueer
☐ Two-spirit (if caregiver is American Indian or Alaska Native)
☐ Caregiver uses a different term (specify) _
☐ Don't Know
☐Prefer not to say/Refused
☐Unclear response

15. What is the Caregiver's current relationship status?

☐ Currently married/lives with partner
☐ Divorced/separated
☐ Widowed
☐ Never married

16. What is the highest level of school the Caregiver has completed?

☐8th grade or less
☐Some high school but did not graduate
☐High school graduate or GED
☐Some college or 2-year degree
☐4-year college graduate
☐More than 4-year college degree
☐Unknown

17. What is the Caregiver's race? Choose all that apply:
    - ☐American Indian or Alaska Native
    - ☐Asian
    - ☐Black or African-American
    - ☐Hispanic or Latino
    - ☐Middle Eastern or North African
    - ☐Native Hawaiian or Pacific Islander
    - ☐White
    - ☐Other
    - ☐Don't Know
    - ☐Refused
    - ☐Unclear Response

18. Does the Caregiver speak a language other than English at home?
    - ☐Yes
    - ☐No
    - ☐Don't Know
    - ☐Refused
    - ☐Unclear Response

19. What is the language the Caregiver speaks at home?
    - ☐Spanish,
    - ☐Some other language → Which one? _____
    - ☐Don't Know
    - ☐Refused
    - ☐Unclear Response

20. Is the Caregiver currently employed?
    - ☐Full-time (35 hours/week or more)
    - ☐Part-time (Less than 35 hours/week)
    - ☐Leave of absence
    - ☐Not Employed
    - ☐Retired

21. Has the Caregiver's employment status changed because of caregiving duties? (Check all that apply.)

☐No change
☐Changed jobs
☐Family/medical leave
☐Leave of absence
☐Increased hours
☐Decreased hours
☐Early retirement
☐Began working
☐Quit job
☐Laid off
☐Other

22. Assessor: Ask the Caregiver to answer this question. In general, how do your finances usually work out at the end of the month? Do you find that you usually end up with...

☐Some money left over
☐Just enough to make ends meet
☐Not enough to make ends meet
☐Don't Know
☐Refused

Information/Training Needs and/or Support Services

23. What information/training needs and/or support services would help the CAREGIVER to meet his/her needs? Check all that apply.

☐Hands on skills training personal care tasks (bathing, grooming, using the toilet)
☐Educational/skill building (e.g., managing behavior, strategies with finding activities/interests, strategies for meeting daily care challenges)
☐More information about care recipient's disease/condition
☐Help involving family members in caregiving tasks/facilitated family meeting
☐How to care for himself/herself while caring for others
☐Dealing with caregiver stress, stress reduction/relaxation exercises
☐Legal and financial issues related to caregiving (e.g., durable power of attorney, Living will, trusts, legal guardian/conservatorship, health care proxy)
☐End of life Issues
☐Medicaid or other insurance and other benefits counseling
☐Home safety and/or home modifications, or equipment
☐Assistive technology
☐Referral to Veterans benefits

☐Referral to in-home services (e.g., homemaker, personal care attendant)

☐Support services for caregiver (e.g., support group, counseling options)

☐ Respite care

☐Adult day health or social programs

☐Emergency Response Service

☐Community resources, such as a meal-delivery, shopping, or a transportation service

☐Mental health referral for care recipient

☐Other (please specify): _____