

Caregiver Self Assessment Module Rev 1.0

Purpose: To assist in managing stress of being a caregiver “what is your caregiver scenario” how well prepared were/are you to be a caregiver for a loved one?

YOU

- Your age (write in)
- Are you the primary caregiver for your LO? (yes/no)
- Who else do you look after or that you are responsible for? (spouse, your own children, another family member, write in)
- What health issues do you have? (write in)
- How long have you been their caregiver? (months/years)
- Do you live with the LO? (yes/no)
- If you don't live with your LO, how often do you visit them? (daily, weekly, monthly, write in)
- How many hours a day is your presence needed with LO?

YOUR RELATIONSHIP WITH LO

- Who is it that you are taking care of? (child, spouse, friend, other)
- Rate your feeling of trust and safety that you feel towards your LO. (choices)
- Hx of trauma and/or emotional abuse with that LO? (yes/no)

LO LIVING SITUATION AND CURRENT STATUS

- What is their current mobility? (walking, wheelchair, rollator, walker, bedridden, write in)
- Can they do all Activities of Daily Living (ADL's)? (prepare their own food, dress themselves, go to the bathroom, shower/bathe-check all that apply)
- Are they considered a fall risk? (yes/no)
- Health issues? (please list, write in)
- Is the place where they live safe/clean? (yes/no)
- Does your LO need added supports installed: support rails in the bathrooms, bench in the shower, ramps for wheelchairs?
- Pets, are they part of the scenario? (yes/no)
- Do they have hearing issues? (yes/no)
- Are they addicted to any substances (cigarettes, alcohol, drugs, pain pills, write in)?
- Do they hallucinate or have night terrors? (yes/no)
- Are they a flight risk? (yes/no)
- Are they prone to anger or violence? (yes/no)
- Do they need to always have something on (TV, Radio, Music)? (yes/no)
- Can they safely drive alone? (yes/no)

YOUR SUPPORT SYSTEM

- Is your role as caregiver appreciated by your LO? (yes/no, write in)
- Is your role as caregiver appreciated by extended family members? (yes/no, write in)
- Do you have family members who acknowledge your LO needs care? (yes/no, write in)
- Is there someone to step into your role if something happened to you? (yes/no)

- How many helpers does your LO have to count upon besides you?
- Do you have family members who have not helped? (yes/no, write in)
- Have you felt isolated as a caregiver? (yes/no, write in)

YOUR FINANCIAL SECURITY

- Are you currently retired? (yes/no)
- Do you normally work outside the home for income? (yes/no)
- Do you currently support others financially? (yes/no)
- Are you in a single or dual income earning household? (yes/no)
- Is your work and income being affected by your being a caregiver? (yes/no)
- Have you lost your job because of caregiving? (yes/no)

YOUR LO'S FINANCIAL SECURITY

- Has your LO assigned power of attorney? (yes/no)
- If so, is the POA also the primary caregiver? (yes/no)
- Do you know how to pay all of your LO's bills? (yes/no)
- Do you know how to monitor your LO's email accounts? (yes/no)
- Do you have the pw/un combos to all of their bills and banks, insurance? (yes/no)
- Do their bank and insurance companies have your POA on file? (yes/no)
- Do you have a chart of their accounts, mapping all financial ins/outs? (yes/no)
- How long will their existing money last based on their current budget/income? (weeks, months, years, write in)

INTERFACING WITH LO'S DOCTORS

- Is your name on your LO's HIPPA forms? (yes/no, write in)
- Are you listed with all your LO's doctors to discuss their care? (yes/no, write in)
- Do you have a tracking system for all daily medicines and prescriptions for your LO? (yes/no, write in)

SPIRITUAL FOUNDATION and END OF LIFE

- have they received a 6 month end of life prognosis? (yes/no)
- has that 6 month prognosis been communicated yet to your local hospice? (yes/no)
- Is your LO at peace with their death and dying? (yes/no, write in)
- Are you at peace with their death and dying? (yes/no, write in)
- Are plans in place with hospice? (yes/no)
- Is there a funeral plan or a contract with a funeral home? (yes/no)
- Have they been able to express end of life wishes? (yes/no)
- Do they have Advanced Medical Directives in place? (yes/no)
- Do they have a Will? (yes/no)
- Is there a DNR? (yes/no)
- If so, is the DNR posted in obvious places in the home? (yes/no)

-did you already know about all the items on this list before you began this self assessment?