Washington State Department of Social & Health Services
Transforming lives

COMMUNITY LIVING CONNECTIONS
LINKING YOU TO
Personalized Care & Support Options

TCARE

Family Caregiver Survey and Assessment

Caregiver Name

Date

Care Receiver Name

Caregiver Telephone #

1. Are you the person most responsible for caring for your care receiver*?

☒ Yes ☐ No

**Care receiver means any adult who needs care or supervision by an unpaid caregiver. For example, care receiver can be your spouse, partner, parent, adult child, friend, neighbor or other relative.*

Who do you care for?

☐ Spouse	☐ Relative Child	☐ Other Relative
☐ Domestic Partner	☐ Grandchild	☐ Non-Relative
☐ Ex-Spouse	☐ Grandparent	☐ Relationship's Missing
☐ Parent/Parent-in-law	☐ Other Elderly Relative	☐ Declined to state
☐ Sibling/Sibling In-Law	☐ Other Elderly Non-Relative	☐ Other_____
☐ Adult Child/In-Law	☐ Adult Grandchild	

2. The following are some common thoughts and feelings that many people experience when they assist a family member or friend.

As you read through each of the following statements, to what extent do you agree or disagree with each statement?

	Strongly Disagree	***Disagree***	***Disagree a Little***	***Agree a Little***	***Agree***	***Strongly Agree***	
a. **I feel unsure about taking on additional responsibilities as I am focused on maintaining balance and caring for family.**	☐	☐	☐	☐	☐	☐	
b. **There have been times when I have struggled with balancing family care tasks and (care receiver).**	☐	☐	☐	☐	☐	☐	
c. **Given my current family & other responsibilities, I find it hard to take time for myself.**	☐	☐	☐	☐	☐	☐	

3. Which of the following best describes your care receiver's memory?

☐ No memory problem
☐ Probable Alzheimer's disease or another dementia is suspected but is not medically diagnosed.
☐ Memory or cognitive issue suspected.
☐ Yes, Alzheimer's disease or another dementia has been medically diagnosed.

4. Given your care receiver's CURRENT CONDITION, would you consider a different care setting, such as a nursing facility, adult family home or another relative's home, to support their care?

☐ Definitely not ☐ Probably would ☐ Does not apply-care receiver is in care facility
☐ Probably not ☐ Definitely would

Comments

5.	**This section is about common thoughts/feelings that many people experience as a caregiver.**						
Please share the response that best reflects how you feel about each of the following statements:							
	Strongly Disagree	***Disagree***	***Disagree a Little***	***Agree a Little***	***Agree***	***Strongly Agree***	
a. Your caregiving responsibilities have caused conflicts with your care receiver.	☐	☐	☐	☐	☐	☐	
b. Your caregiving responsibilities have given your life more meaning.	☐	☐	☐	☐	☐	☐	
c. Has there been an increase in requests from your (care receiver) that felt hard to manage?	☐	☐	☐	☐	☐	☐	
d. Your caregiving responsibilities made you more satisfied with your relationship.	☐	☐	☐	☐	☐	☐	
e. Has your (care receiver) asked for help with tasks they are capable of handling on their own?	☐	☐	☐	☐	☐	☐	
f. Your caregiving responsibilities created a feeling of hopelessness.	☐	☐	☐	☐	☐	☐	
g. Your caregiving responsibilities given you a sense of fulfillment.	☐	☐	☐	☐	☐	☐	
h. Your caregiving responsibilities changed your routine.	☐	☐	☐	☐	☐	☐	
i. Your caregiving responsibilities caused you to worry.	☐	☐	☐	☐	☐	☐	
j. Your caregiving responsibilities left you with almost no time to relax.	☐	☐	☐	☐	☐	☐	
Comments:							

6. For each statement below how often have you felt this way in the past week.

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	Rarely or none of the time (less than 1 day)	Some or a little of the time (1-2 days)	Occasionally or moderate amount of time (3-4 days)	All of the time (5-7 days)	
a. **I had trouble keeping my mind on what I was doing**.	☐	☐	☐	☐	
b. **I was worried or concerned by things that usually don't worry or concern me**.	☐	☐	☐	☐	
c. **I felt happy about the future.**	☐	☐	☐	☐	
d. **I had trouble falling asleep or staying asleep.**	☐	☐	☐	☐	

Comments

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