

# Caregiver Assessment

Use this tool as a guideline to collect information over a period of time. Update as needed.

Name \_\_\_\_\_ Level of Education \_\_\_\_\_

Age & Birth Date \_\_\_\_\_ Work History \_\_\_\_\_

**Nature of Past Relationship with Family Member** (*Was it positive, conflicted, ambivalent, etc.*) \_\_\_\_\_

**Preferred Method of Communicating** \_\_\_\_\_

In person     Phone \_\_\_\_\_     Email \_\_\_\_\_     Text

**Medical Information** \_\_\_\_\_

Conditions / Medications \_\_\_\_\_

Physical Limitations \_\_\_\_\_

Attention to personal medical needs (*going to MD, putting off knee replacement, taking meds*) \_\_\_\_\_

**Financial Concerns** (*Limited funds, on assistance, needs assistance, etc.*) \_\_\_\_\_

**Support System** (*Family, Friends, Spiritual*) \_\_\_\_\_

**Caregiving Experience** \_\_\_\_\_

History (*did they take care of parents, relatives, sick children*) \_\_\_\_\_

Other current caregiving responsibilities (*grandchildren, ill adult children, mentally ill siblings, spouse, parent*) \_\_\_\_\_

**For more information, call the COPSA Alzheimer's Helpline at (800) 424-2494**

Comprehensive Services on Aging (COPSA) Institute for Alzheimer's Disease and Related Disorders, University Behavioral Healthcare (UBHC) – University of Medicine and Dentistry of New Jersey (UMDNJ)

# Caregiver Assessment

## Psychological Issues

- |  |  |
|--|--|
| <input type="checkbox"/> Drug use        | <input type="checkbox"/> Psychiatric history |
| <input type="checkbox"/> Alcohol use     | <input type="checkbox"/> Depression          |
| <input type="checkbox"/> Substance abuse | <input type="checkbox"/> Grieving            |
| <input type="checkbox"/> Other _____     | <input type="checkbox"/> Other _____         |

## Family Beliefs about Caregiving

Attitudes on outside help \_\_\_\_\_

Attitudes on institutional care \_\_\_\_\_

Attitudes on which family members can help \_\_\_\_\_

## Grief

What are they worried about losing in the future? \_\_\_\_\_

What do they miss most about their family member now?  
(*conversation, loss of social role, shared memories, shared experience, etc.*) \_\_\_\_\_

Are there other people for whom they are also grieving? (*parent, child, sibling, spouse?*) \_\_\_\_\_

## Planning

Emergency care \_\_\_\_\_

Long-term care \_\_\_\_\_

## Caregiver Strengths/Mastery List

- |  |   |
|--|---|
| <input type="checkbox"/> Able to follow through with resources | <input type="checkbox"/> Sense of humor |
| <input type="checkbox"/> Able to ask for help                  | <input type="checkbox"/> Perseverance   |
| <input type="checkbox"/> Flexibility                           | <input type="checkbox"/> Organization   |
| <input type="checkbox"/> Other _____                           | <input type="checkbox"/> Other _____    |

Hobbies: \_\_\_\_\_

Restorative activities: \_\_\_\_\_

Proudest moments: \_\_\_\_\_

## Level of Understanding of Illness

Are they clear about the diagnosis? \_\_\_\_\_

Do they understand the cause of behavioral problems? \_\_\_\_\_

## Cultural Considerations

\_\_\_\_\_  
\_\_\_\_\_