

Family Caregiver Survey

This Survey is for **unpaid family caregivers** and is used in conjunction with one-on-one consultation with a caregiver specialist from your local community.

For more information about supports and resources for caregivers, contact your local Community Living Connections Office. To find your local office, visit <https://www.waclc.org> or call 855-567-0252.

Today's Date _____

Caregiver's Name _____ Date of Birth _____

Care Receiver's Name _____ Date of Birth _____

Does the person you care for (care receiver) live with you? Yes No

If No, what is the physical address of the care receiver?

Physical Address _____

City, State, Zip _____

Caregiver Contact Information

Phone _____ Email _____

Physical Address _____

City, State, Zip _____

Mailing Address (if different than physical address) _____

City, State, Zip _____

1. Are you the person most responsible for caring for your care receiver*?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>*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.</i>		
Who do you care for?		
<input type="checkbox"/> Spouse	<input type="checkbox"/> Relative Child	<input type="checkbox"/> Other Relative
<input type="checkbox"/> Domestic Partner	<input type="checkbox"/> Grandchild	<input type="checkbox"/> Non-Relative
<input type="checkbox"/> Ex-Spouse	<input type="checkbox"/> Grandparent	<input type="checkbox"/> Relationship's Missing
<input type="checkbox"/> Parent/Parent-in-law	<input type="checkbox"/> Other Elderly Relative	<input type="checkbox"/> Declined to state
<input type="checkbox"/> Sibling/Sibling In-Law	<input type="checkbox"/> Other Elderly Non-Relative	<input type="checkbox"/> Other
Describe other:		
Notes:		

2. The following are some thoughts and feelings that people sometimes experience when they assist their care receiver.

Instructions: Please check the box 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. I am not sure that I can accept any more responsibility than I have right now.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I am not always able to be the person I want to be when I am with my care receiver.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. It is difficult for me to accept all the responsibility for my care receiver.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

<input type="checkbox"/> No Memory Problem	<input type="checkbox"/> Memory or Cognitive Issue Suspected.
<input type="checkbox"/> Probable Alzheimer's disease or other dementia is suspected, but is not medically diagnosed.	<input type="checkbox"/> Yes, Alzheimer's disease or other dementia has been medically diagnosed.

4. Given your care receiver's CURRENT CONDITION, would you consider placing your care receiver in a different care setting?

<input type="checkbox"/> Definitely not	<input type="checkbox"/> Probably would	<input type="checkbox"/> Does not apply-care receiver is in care facility
<input type="checkbox"/> Probably not	<input type="checkbox"/> Definitely would	

5. As a result of assisting your care receiver, have the following aspects of your life changed?

Instructions: Read through each of the statements below and indicate how much you agree or disagree with each statement by making a check in the appropriate box.	Strongly Disagree	Disagree	Disagree a little	Agree a little	Agree	Strongly Agree
a. Have your caregiving responsibilities caused conflicts with your care receiver?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Have your caregiving responsibilities given your life more meaning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Have your caregiving responsibilities increased the number of unreasonable requests made by your care receiver?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

d. Have your caregiving responsibilities made you more satisfied with your relationship?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Have your caregiving responsibilities caused you to feel that your care receiver makes demands over and above what they need?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Have your caregiving responsibilities created a feeling of hopelessness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Have your caregiving responsibilities given you a sense of fulfillment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Have your caregiving responsibilities changed your routine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Have your caregiving responsibilities caused you to worry?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Have your caregiving responsibilities left you with almost no time to relax?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Below is a list of statements about the way you have felt in the past week.				
Instructions: Please indicate how often you have felt the following during the past week.	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. How often have you had trouble keeping your mind on what you were doing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. How often have you felt depressed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. How often have you felt hopeful about the future in the past week?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. How often have you had restless sleep in the past week?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please Return Your Completed Survey Using an Option Below:

- **Email**

Note: An E-mail we receive from you may be subject to disclosure as a public record under the Public Records Act, RCW Chapter 42.56 and Email transmission cannot be guaranteed to be secure or error free, as information could be intercepted, corrupted, lost, destroyed, arrive late or incomplete or contain viruses. To keep your information more secure, you have the option to call our office at _____ to request we send you an encrypted email to use for returning your completed TCARE survey as an attachment in the email. Upon receiving the email from our office, you will be asked to create a password for opening the email to attach your survey and reply.

- **Fax:**
- **Mail:**