



Caregiver Assessment		
Caregiver Background	Can we ask you questions about your caregiver responsibilities?	
Caregiver Background	Age of caregiver?	
Caregiver Background	Is English your primary language?	
Caregiver Background	Gender	
Caregiver Background	Do you live with the participant?	
Caregiver Background	If No, how do you travel between households?	Drive, Walk, Ride from Family/Friends, Public Transportation (bus), Taxi or shared ride (Uber, Lyft, etc.), Other, N/A
Caregiver Background	How many miles are between households?	
Caregiver Background	What is your relationship to the participant?	Friend/Neighbor, Guardian/Legal representative, Parent, Sibling, Spouse/Significant Other, Son/Daughter, Other, N/A
Caregiver Background	Are you the primary caregiver for the participant?	
Caregiver Background	What is your current employment status?	Full Time (32 hours or more), Part Time (11 – 31 hours), Short-term disability, Long-term disability, Leave of absence, Retired, unemployed, other, N/A
Caregiver Background	Do your caregiving responsibilities reduce your ability to work?	
Caregiver Background	Do you receive assistance from any of the following programs?	Medicaid, Medicare, Kid Care/Children's Health Insurance Program (CHIP), Supplemental Nutrition Assistance Program (SNAP), Low Income Energy Assistance Program (LIEAP), Temporary Assistance for Needy Families (TANF), Housing Assistance, Daycare Assistance, Senior Center Services, Wyoming Home Services, Other, N/A



Caregiver Background	Length of time you have been caring for the participant?	Less than 6 months, 6 months to 1 year, 1-5 years, More than 5 years, N/A
Caregiver Background	In an average week, how many hours do you provide care for the participant? (check only one)	10 hours or less, 11-20 hours, 21-30 hours, Over 30 hours, N/A
Caregiver Background	Do you intend to continue providing care for the participant?	
Caregiver Background	If Yes, in an average week, how much care would you prefer to provide for the participant?	More, Less, About the same, N/A
Caregiver Background	Do you have out-of-pocket expenses to provide care to the participant (such as providing payment to family or friends to temporarily cover care needs)?	
Caregiver Background	On average, how much per month?	
Caregiver Background	Do you have anyone who helps you with caregiving?	
Caregiver Background	Is this person _____ ?	Someone who shares equal responsibility with you, Someone you can call when help is needed, Only available in emergencies or cases of extreme need, N/A
Caregiver Background	Are you currently utilizing any of the following caregiver supports?	Respite, Caregiver Education/Training, Counseling, Support Groups, no, N/A
Caregiver Background	If No, why haven't you used any of these resources?	Did not know about them, do not have time, financial barriers, transportation barriers, not interested, other, N/A
Care Provided	Type(s) of care you assist with? (check all that apply)	Eating, Bathing, Grooming, Dressing, Toileting, Mobility/Transferring, Meal Preparation, Medication Management, Budgeting/Money Management, Grocery/Personal Needs Shopping, Transportation, Social Interaction, Comprehension, Expression, Problem Solving, Memory, Other, N/A
Caregiver Health and Wellbeing	How would you describe your physical health?	Excellent, Good, Fair, Poor, NA



Caregiver Health and Wellbeing	How would you describe your emotional health?	Excellent, Good, Fair, Poor, NA
Caregiver Health and Wellbeing	Do your own health problems ever get in the way of providing care?	
Caregiver Health and Wellbeing	How would you rate your level of stress related to caring for the participant?	None, Low, Medium, High, N/A
Caregiver Health and Wellbeing	Are you experiencing stress in other areas of your life related to any of the following areas that would affect your ability to provide care to the participant?	Child Care/Other Family Obligations, Health, Work, Living Arrangements, Financial Strain, Other, No, N/A
Caregiver Health and Wellbeing	Are you the primary caregiver for anyone other than the participant (e.g. children, spouse, parent, etc.)?	
Caregiver Resources	Are you interested in receiving more information on caregiver support or assistance?	
Caregiver Resources	If Yes, which supports are you interested in?	Caregiver Education/Training, Respite/Temporary relief from caregiver responsibilities, Counseling, Help managing participant's daily care needs, Help managing my own physical/health needs, Other, N/A
Case Manager Observations	The caregiver is restricted in ability to care for the recipient.	Yes
Case Manager Observations	The caregiver is comfortable with caregiving expectations and responsibilities.	Yes
Case Manager Observations	The caregiver experiencing unsafe or unsustainable levels of stress.	Yes
Case Manager Observations	Case Manager Notes:	