COMMUNITY LIVING CONNECTIONS
LINKING YOU TO
Personalized Care & Support Options

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*?		
☐ 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.*		
1a. 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
Describe other or share circumstances:		

2. This section reflects common thoughts and feelings that many people experience when caring for a family member or friend.						
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 feel unsure about taking on additional responsibilities, as I am focused on maintaining balance and taking care of my family.	☐	☐	☐	☐	☐	☐
b. There have been times when I have struggled with balancing family care tasks and (care receiver).	☐	☐	☐	☐	☐	☐
c. Given my current family and 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
☐ Memory or Cognitive Issue Suspected.
☐ Probable Alzheimer's disease or another dementia is suspected but is not medically diagnosed.
☐ 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? *(e.g. Adult Family Home, Assisted Living, Nursing Home)*

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

5. This section is about common thoughts and feelings that many people experience when caring for a family member or friend.						
Instructions: *Read through each of the statements below. 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?	☐	☐	☐	☐	☐	☐
b. Have your caregiving responsibilities given your life more meaning?	☐	☐	☐	☐	☐	☐
c. Has there been an increase in requests from your (care receiver) that felt hard to manage?	☐	☐	☐	☐	☐	☐

	Strongly Disagree	***Disagree***	***Disagree a little***	***Agree a little***	***Agree***	***Strongly Agree***
d. Have your caregiving responsibilities made you more satisfied with your relationship?	☐	☐	☐	☐	☐	☐
e. Have your caregiving responsibilities caused you to feel that your care receiver makes demands over and above what they need?	☐	☐	☐	☐	☐	☐
f. Have your caregiving responsibilities created a feeling of hopelessness?	☐	☐	☐	☐	☐	☐
g. Have your caregiving responsibilities given you a sense of fulfillment?	☐	☐	☐	☐	☐	☐
h. Have your caregiving responsibilities changed your routine?	☐	☐	☐	☐	☐	☐
i. Have your caregiving responsibilities caused you to worry?	☐	☐	☐	☐	☐	☐
j. Have your caregiving responsibilities left you with almost no time to relax?	☐	☐	☐	☐	☐	☐

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. 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.	☐	☐	☐	☐

You may be eligible for caregiver support through other programs like the Tailored Supports for Older Adults Program <u>OR</u> the Family Caregiver Support Program. This information is confidential. Please tell us:

- Is the Care Receivers gross monthly income at or below $3868.00? ☐ Yes ☐ No
- Are the Care Receivers resources (excluding home/vehicle) at or below $77,052? (Resources include such things as bank accounts, stocks, bonds, 401K, annuities, life insurance, properties owned) ☐ Yes ☐ No

- If married, are the couple resources (excluding home/vehicle) at or below $145,353? ☐ Yes ☐ No Includes stocks, bonds, 401K, annuities, life insurance, properties owned)

- Is the Care Receiver on any state programs for medical insurance or other program? (If yes, which programs: (example: Medicare A&B, Kaiser)

  _____

Please Return Your Completed Survey Using an Option Below:

- **Email: Seniorinfo@kitsap.gov**
  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 360.337.5700 to request we send you an encrypted email to use for returning your completed TCARE survey as an attachment within 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:** 360.337.5746
- **Mail:** Attention: Senior I&A
  Kitsap County ALTC
  614 Division St, MS-5
  Port Orchard, WA 98366
- For more information you can also visit Kitsap County's Area Agency on Aging website at: https://www.kitsap.gov/hs/Pages/Aging-Family-Caregiver-Support.aspx

Next Steps:
Once we have received your Caregiver Survey, we will reach out via phone for any questions. We may also attempt to email you or send follow-up mail via the United States Postal Service. Please allow 7-10 days for the follow-up call from our program.