



## 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 Area Agency on Aging (Kitsap) [Kitsap Aging](#) or call 360.337.5700

Today's Date \_\_\_\_\_

Caregiver's Name \_\_\_\_\_ Caregiver Date of Birth \_\_\_\_\_

Care Receiver's Name \_\_\_\_\_ Care Receiver Date of Birth \_\_\_\_\_

Does the person you care for live with you? ☐ Yes ☐ No

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### Caregiver Contact Information

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different then physical address) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

### 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?

<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 or share circumstances:

## Family Role/Care Receiver Memory/Care Receiver Living Arrangement

**2. This section reflects common thoughts and feelings that many people experience when caring for a family member or friend.**

	Strongly Disagree	Disagree	Disagree a little	Agree a little	Agree	Strongly Agree	Total For Screener
a. I feel unsure about taking on additional responsibilities, as I am focused on maintaining balance and taking care of my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. There have been times when I have struggled with balancing family care tasks and (care receiver).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Given my current family and other responsibilities, I find it hard to take time for myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Score Values</b>	1	2	3	4	5	6	

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

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

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

- |   |   |   |
|---|---|---|
| <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 |   |

**Comments:**

## Caregiver Measures

**5. This section is about common thoughts and feelings that many people experience when caring for a family member or friend. Please share the response that best reflects how you feel about each of the following statements:**

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	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Disagree a Little</i>	<i>Agree a Little</i>	<i>Agree</i>	<i>Strongly Agree</i>	<i>Total For Screener</i>
a. Have your caregiving responsibilities caused conflicts with your care receiver?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(r)
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"/>	(u)
c. There has been an increase in requests from your (care receiver) that felt hard to manage.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(r)
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 type="checkbox"/>	(u)
e. Your (care receiver) asked for help with tasks they can handle on their own?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(r)
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"/>	(s)
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"/>	(u)
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"/>	(o)
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"/>	(o)

	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Disagree a Little</i>	<i>Agree a Little</i>	<i>Agree</i>	<i>Strongly Agree</i>	<i>Total For Screener</i>
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"/>	(0)
<b>Score Values</b>	1	2	3	4	5	6	
Comments:							

6. For each statement, please respond with how many days you have felt this way in the past week.					
Instructions: Please indicate how often you have felt the following during the past week	<i>Rarely or none of the time (less than 1 day)</i>	<i>Some or a little of the time (1-2 days)</i>	<i>Occasionally or moderate amount of time (3-4 days)</i>	<i>All the time (5-7 days)</i>	<i>Total For Screener</i>
a. I had trouble keeping my mind on what I was doing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. I was worried or concerned by things that usually don't worry or concern me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. I felt happy about the future. (reverse scored)	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	
d. I had trouble falling asleep or staying asleep.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Score Values</b>	1	2	3	4	

7. Assessment Location		
<input type="checkbox"/> Self-screening	<input type="checkbox"/> In-Home (online)	<input type="checkbox"/> Over the Phone
<input type="checkbox"/> In-Home (on paper)	<input type="checkbox"/> In office	<input type="checkbox"/> Other
8. Is the caregiver paid to provide the care receiver with care?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Comments		

**Please return your completed survey using an option below:**

- Email: [Seniorinfo@kitsap.gov](mailto:Seniorinfo@kitsap.gov) Any email 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 contain viruses. To keep your information more secure, you have the option to call our office at 360.337.5700 and request we send you an encrypted email to use for returning your completed caregiver 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 360.337.5747
- 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 survey, we will reach out via phone or may also attempt to email you or send you follow-up mail via the United States Postal Service. Please allow 7-10 days for the follow-up call from our program.