



## Senior Care Assessment Tool for Family Caregivers

This questionnaire is designed to help family members assess the situation of caring for an elderly loved one. It is not intended to be a recommendation for a specific program of care; rather, it should provide a basis for discussion with the family, a physician or other health provider if you believe the caregiving situation needs to be improved.

<b>CARE RECIPIENT ISSUES</b>	<b>Choose the answer that applies to the situation generally or most of the time.</b>	
How much help does the individual need to get out of a chair or bed?	Able to move out of a chair or bed alone, easily and safely	0
	Needs one person to help	1
	Needs two people to help	2
	Needs help but refuses it or does not get enough help regularly	3
Does the individual need help with bathing or personal hygiene?	Can take care of self	0
	Often needs hygiene reminders	1
	Needs occasional help with bathing or hygiene	2
	Needs help daily	3
How many times a day does the individual require help in using the bathroom?	Requires no help	0
	Requires some help, 2 or 3 times daily	1
	Requires help, 4 to 6 times over a 24-hour period	2
	Is unable to manage, is incontinent	3
Is the individual able to walk?	Can walk independently	0
	Uses cane	1
	Uses walker	2
	Is wheelchair bound	3
	Can walk, but forgets where he/she is going or requires assistance but refuses or forgets to use cane or walker.	4

For an individual who requires help (with cooking, cleaning, shopping, bills, etc.) what degree of support is available at home?	Family members/friends provide help on a regular basis /OR/ Does not apply to our situation	0
	Family members/friends provide help, but not consistently	1
	Lives alone and does not have any outside help	2
Is the home environment safe?	Yes	0
	Unsure	1
	No	3
How are meals provided?	The individual is able to cook independently	0
	The individual relies on family members or friends for meals	1
	The individual relies on other outside resources, such as home delivered meals	2
	The individual does not have reliable support for meals	3
	The individual cooks independently but has difficulty and/or makes poor nutrition choices	1
How are transportation needs met?	The individual drives safely	0
	The individual drives but not safely	1
	The individual relies on family members or friends for transportation	1
	The individual relies on para-transit or taxi services.	1
	The individual's transportation needs are unmet	2
How does the individual handle medications?	The individual can manage medications with no problems	0
	The individual needs help or reminders from family or others	1
	The individual takes medications by self, but often with mix-ups and confusion	2

What is the frequency of emergencies (such as falling, illness or sudden agitation) that need immediate attention, or hospitalizations, in the past 6 months?	0 times	0
	1-3 times	2
	There are repeated phone calls for emergencies made to family members, 911, or another emergency service	3
Have you witnessed a change of personality in the individual or increased confusion?	Yes	2
	Sometimes	1
	No	0

<b>CAREGIVER ISSUES – Now let’s talk about your needs as a caregiver.</b>	<b>Choose the answer that applies to the situation generally or most of the time.</b>	
As a caregiver, in the past week have you felt stressed (trouble keeping your mind on what you are doing, trouble sleeping, felt ill – headache, back pain)?	Yes	2
	Sometimes	1
	No	0
As a caregiver, in the past week have your caregiving duties interfered with your job and/or personal time with spouse/family/ friends?	Yes	2
	Sometimes	1
	No	0
As a caregiver, do you feel confident that you and other family members or friends can continue to provide support and care for this individual as long as it is necessary?	Yes, I am confident /OR/ Does not apply to our situation	0
	Yes, I am confident as long as I have more help	1
	If the individual’s condition worsens, I question whether I will have the energy and/or resources to be able to provide more caregiving in the future	1
	No, I am already limited in my ability to continue caregiving at this level, and there is no one else to help me	2

**TOTAL SCORE # \_\_\_\_\_**

Points

- 0 – 7      May be safe at home with 2 – 9 hours of home care per week
- 8- 15      May be safe at home with 9 – 14 hours of home care per week
- 16-24      May be safe at home with increase home care of up to 24 hours per day OR may be safer at an assisted living community
- 25 - 36      May be safer in a nursing home/skilled nursing facility