

ARE YOU A CAREGIVER?

Your Area Agency on Aging needs your input on this survey in order to determine your needs as a caregiver and the best way to meet those needs. The information you share is critical and will remain confidential. Additionally, the more feedback we receive from you the better we will be able to work together toward developing programs and services.

- I am caring for: Spouse Mother-in-law
 Mother Father-in-law
 Father Other: _____
- Do you live with the person(s) for whom you are caring? Yes No
- When you began caring for your loved one, how many hours per week did you think it would take to provide care? _____
- On average, how many hours per week do you actually provide care? _____
- Employment Status: full-time part-time
- Do you have other caregiving responsibilities (children, grandchildren, other minors)?
 yes no Specify relationship: _____
- What do you hope to accomplish as a caregiver?

- What types of care do you provide for your loved one? Check all that apply.
 Personal Care Transportation
 Safety/Supervision Shopping
 Housekeeping Financial Management
 Medication Monitoring Other: _____
 Meal preparation
- Generally, how overwhelmed do you feel about your caregiving responsibilities?
Circle the number that most applies:
1 2 3 4 5
not at all very

10. Who usually assists you when you need help with your caregiving Responsibilities? (Please check all that apply)

- Relative
- Friend
- Neighbor
- Support Group
- Do not require assistance
- Other (Please Describe) _____
- Service Provider
- Social Worker
- Church
- No Available Help

11. What is the biggest problem or barrier for you as a caregiver? Language Barrier, I don't know where to find help, Care recipient refusing outside help, etc.)

- Language Barrier
- Work Schedule
- Other (Please Describe) _____
- Not enough time
- Financial constraints

12. What services would make your job as caregiver less overwhelming or more manageable?

- Support Groups
- Sitter/Companions
- Skilled Nursing Care
- Transportation
- Safety/Supervision
- Legal/Benefits Information
- Resource Information
- Caregiver Education Classes
- Meal Preparation
- Personal Care
- Medication Monitoring
- Shopping
- Money Management
- Other: _____

13. Which programs or agencies are the most help to the person for whom you are caring?

<i>Caregiver Information</i>	<i>Care Recipient #1 Information</i>	<i>Care Recipient #2 Information</i>
Zip Code: _____	Zip Code: _____	Zip Code: _____
Age ____ Male _ Female _	Age ____ Male _ Female _	Age ____ Male _ Female _
Race: _ White	Race: _ White	Race: _ White
_ Black or African American	_ Black or African American	_ Black or African American
_ Hispanic or Latino	_ Hispanic or Latino	_ Hispanic or Latino
_ Asian	_ Asian	_ Asian
_ American Indian	_ American Indian	_ American Indian
_ Hawaiian/Pacific Islander	_ Hawaiian/Pacific Islander	_ Hawaiian/Pacific Islander
_ Two or more _____	_ Two or more _____	_ Two or more _____
_ Other _____	_ Other _____	_ Other _____

14. ADDITIONAL COMMENTS: Any information you want to add that would help us to better assist you in your caregiving.

If you would like more information about the Caregiver Initiative Program call Patricia Bordie (512) 916-6060 or Pamela Hungerford (512) 916-6048. Our toll-free number is 1-800-622-9111. You can also visit our website and access our agency email at www.aaacap.org. If you would like us to send more information and program updates please fill out the contact information below. Thank you.