Washington State Department of Social & Health Services
Transforming lives

COMMUNITY LIVING CONNECTIONS
LINKING YOU TO
Personalized Care & Support Options

TCARE

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://waclc.org/familycaregiver or call 855-567-0252.

Today's Date _____

Name _____Phone _____

Address _____

County of Residence_____

1. Are you the person most responsible for caring for your care receiver*?
**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.*   ☐ Yes ☐ No

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:		

2. The following are some thoughts and feelings that people sometimes experience when they assist their care receiver.						
Instructions: The following are aspects of life that can change as a result of caregiving responsibilities. 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. The things I am responsible for do not fit very well with what I want to do.	☐	☐	☐	☐	☐	☐
b. I am not sure that I can accept any more responsibility than I have right now.	☐	☐	☐	☐	☐	☐
c. I am not always able to be the person I want to be when I am with my care receiver.	☐	☐	☐	☐	☐	☐
d. It is difficult for me to accept all the responsibility for my care receiver.	☐	☐	☐	☐	☐	☐
e. I am having trouble accepting the way I relate to my care receiver.	☐	☐	☐	☐	☐	☐
f. It is difficult for me to accept any more responsibility that I now have to assume.	☐	☐	☐	☐	☐	☐

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

☐ No Memory Problem

☐ Probable Alzheimer's disease or other dementia is suspected, but is not medically diagnosed.

☐ Memory or Cognitive Issue Suspected.

☐ 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?

☐ Definitely not

☐ Probably not

☐ Probably would

☐ Definitely would

☐ Does not apply-care receiver is in care facility

5. As a result of assisting the care receiver, have the following aspects of your life changed?					
Instructions: *The following are thoughts and feelings people sometimes experience when caring for an adult care receiver. Read through each of the statements below and indicate how much you agree or disagree with each statement by making a check in the appropriate box.*	***Not at All***	***A Little***	***Moderately***	***A Lot***	***A Great Deal***
Have your caregiving responsibilities...					
a. Caused conflicts with your care receiver?	☐	☐	☐	☐	☐
b. Decreased the time you have to yourself?	☐	☐	☐	☐	☐
c. Created a feeling of hopelessness?	☐	☐	☐	☐	☐
d. Given your life more meaning?	☐	☐	☐	☐	☐
e. Increased the number of unreasonable requests made by your care receiver?	☐	☐	☐	☐	☐
f. Kept you from recreational activities?	☐	☐	☐	☐	☐
g. Made you nervous?	☐	☐	☐	☐	☐
h. Made you more satisfied with your relationship?	☐	☐	☐	☐	☐
i. Caused you to feel that your care receiver makes demands over and above what he/she needs?	☐	☐	☐	☐	☐
j. Caused your social life to suffer?	☐	☐	☐	☐	☐
k. Depressed you?	☐	☐	☐	☐	☐
l. Given you a sense of fulfillment?	☐	☐	☐	☐	☐
m. Made you feel you were being taken advantage of by your care receiver?	☐	☐	☐	☐	☐
n. Changed your routine?	☐	☐	☐	☐	☐
o. Made you anxious?	☐	☐	☐	☐	☐
p. Left you feeling good?	☐	☐	☐	☐	☐
q. Increased attempts by your care receiver to manipulate you?	☐	☐	☐	☐	☐
r. Given you little time for friends and relatives?	☐	☐	☐	☐	☐
s. Caused you to worry?	☐	☐	☐	☐	☐
t. Made you enjoy being with your care receiver more?	☐	☐	☐	☐	☐
u. Left you with almost no time to relax?	☐	☐	☐	☐	☐
v. made you cherish your time with your care receiver	☐	☐	☐	☐	☐

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 was bothered by things that usually don't bother me.	☐	☐	☐	☐
b. I had trouble keeping my mind on what I was doing.	☐	☐	☐	☐
c. I felt depressed	☐	☐	☐	☐
d. I felt that everything I did was an effort.	☐	☐	☐	☐
e. I felt hopeful about the future.	☐	☐	☐	☐
f. I felt fearful.	☐	☐	☐	☐
g. My sleep was restless.	☐	☐	☐	☐
h. I was happy.	☐	☐	☐	☐
i. I felt lonely.	☐	☐	☐	☐
j. I could not "get going."	☐	☐	☐	☐