

Date: ____/____/____
Staff: _____
Facility: _____

Patient: _____ Med Rec #: _____
Caregiver: _____ Relationship: _____
Caregiver contact information and best time to talk:

What Do You Need as a Family Caregiver?

Availability and Other Responsibilities

How long have you been involved in the patient's care?	I haven't, this is a new situation (patient was fully independent or arranged own care)	I haven't, someone else has been the caregiver	I've been doing this a while (how long? _____)
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How convenient is the patient's home for you to reach?	Same house/ Apartment	Easy to get to	Not easy/ a long trip	I really can't (out of state/country or other reason)
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Do you work?	Yes	No	If yes:	Full-time	Part-time
Are you raising children under the age of 18?	Yes	No	Are you also a caregiver for someone else with medical problems or disabilities?	Yes	No

Do you have any health problems that affect you as a caregiver?	Yes	No		
If yes, are these problems due to: (check all that apply)	Arthritis	Asthma	Back problems	Diabetes
	Other _____			

Will other people (such as family members or friends) help care for your family member?	Yes	No			
Are there other professionals involved? (check all that apply)	Home care	Home companion	Meals on Wheels	Senior center	Adult day care
Other(s):	Transportation	Personal emergency response system	NORC		