Rx Diagnosis: You Are A Caregiver!

You have been identified as a Caregiver. This survey has 10 questions for you. Please do not be offended by these questions. We recognize that one person’s health, safety, and well-being is often dependent on others who are providing care and assistance.

People who care for their friends or family members rarely identify themselves as caregivers. They do not call for help with their own needs in mind. Helping individuals who have unique needs for care and assistance often includes helping those who provide that valuable care and support.

A caregiver provides care or assistance to a friend or family member who may be having a hard time managing daily needs on their own because of a healthcare condition, disability, or other special need.

1. A friend or family member may already depend on you for help or assistance, or to respond when needs arise. Please select the choice that best reflects your role.
   - Yes, I provide care regularly.
   - Yes, I provide assistance occasionally, or as requested.
   - No, I have not personally provided any assistance but I know he/she has a need for some support.
   - No, I have not personally provided any assistance, but I have an increasing concern about his/her ability to manage things without help.
   - No, I currently do not provide any type of direct care, support, or assistance.

   If none of the above applies, I would state that ____________________________________
   ____________________________________________________________
   ____________________________________________________________

2. What is the relationship between you and the friend/family member you identified above? For example, are YOU the parent/spouse/sibling/child?
   - Spouse/Significant Other
   - Parent/Step-Parent/In-Law
   - Son/Daughter/Step/In-Law
   - Brother/Sister/Step/In-Law
   - Grandchild(ren)
   - Friend/Non-Relative
   - Other (please specify) ____________________________________________
Care Giving Relationship In Your Life

Giving care to a friend or family member may complicate your life. Help us to understand how established your care relationship is, how sustainable it is, and what makes providing care most difficult. Care giving may have started when you first responded to a need for help. It may have been a temporary need or even a one-time incident that has gradually changed into a frequent or regular need.

3. How long have you been giving extra care and assistance to the person identified above? Give an approximate length of time.
   - One month or less
   - Less than 1 year
   - 1-5 years
   - 5-10 years
   - More than 10 years

   If none of the above applies, please explain: ________________________________

________________________________________________________________________

4. Some caregivers provide care and assistance to more than one care giving relationship. Caregivers may also provide care for children or grandchildren under the age of 18, and/or other adults with special needs.

Give the ages of all the persons who need your care. Include the person identified above, if appropriate.
   - 17 or younger
   - 18-21
   - 22-35
   - 36-49
   - 50-59
   - 60 or older

Total Number of Care Recipients: ____________________

5. Which of the following categories best describes your employment status?
   - Employed, working 1-39 hours per week
   - Employed, working 40 or more hours per week
   - Not employed, homemaker
   - Not employed, looking for work full- or part-time
   - Not employed, quit job or retired early
   - Retired
   - Disabled or not able to work

If none of the above applies, please explain: ________________________________

________________________________________________________________________
6. Caregivers often make personal changes or encounter certain situations when providing care or support to a friend or family member.

Please read each statement and indicate if any apply to you.
- The care recipient is now living in my home so I can provide care.
- I now live in the care recipient's home so I can provide care.
- I often or regularly go to the care recipient's home to provide care, as I do not live with the care recipient.
- I provide support at a distance, as I am not able to be physically present to provide assistance.
- I am Hispanic, and English may be a secondary language for me.
- I am Non-Hispanic, but English is not the primary language for me.
- I live in rural or frontier areas of Nevada.
- I have taken leave from work or reduced hours at work to provide care.
- I have felt worried, anxious or depressed since I began to provide care or support.
- The demands of care giving are increasing, and I am struggling to meet them.
- None of the above

Health, Safety & Well Being

People provide care or assistance to friends or family members with health problems or disabilities to help them preserve their health, safety, and well-being.

Care giving can take a significant toll on the caregiver. Caregivers need to recognize the impact of care and the risks to their own well-being. Sometimes those who give care need our help the most.

7. Please read each statement and check all that apply to you.

Since becoming a caregiver, do you feel ...?
- That you are asked to give more care than is really needed.
- That time spent in care giving leaves little time for yourself.
- Stretched between demands as a caregiver and demands from work and family.
- Embarrassed/scared by behavior from person you provide care to.
- Sometimes angry when you have to provide care.
- Care giving for one person is negatively affecting your relationship with others.
- Afraid of what the future will be like for the person you provide care for.
- That the person you provide care for is dependent upon you.
- Strained in your relationship with the person you provide care for.
- Uncomfortable about having other people over when you are care giving.
- Like you are expected to provide care because no one else can be depended on.
- That there is not enough money for the extra care needed.
- Unsure about your ability to continue to provide care much longer.
- A loss of control over your life.
- Wishful about leaving care giving in someone else's hands.
- Uncertain about knowing what to do for the person needing care.
- You should be doing more.
- You could do a better job of care giving.
- Burdened by care giving.
Your own health has suffered because of the demands of care giving.
A loss of privacy because of care giving.
A loss of a social life because of care giving.
None of the above.

Resources for Caregivers

Most friends and family caregivers are doing an excellent job of doing everything they can to help their loved one.

Many caregivers are also trying to do more than their abilities, circumstances, and resources allow. Caregivers are not fully aware of the consequences of "doing it all alone," especially when these efforts can last for years. They rarely consider their own needs.

8. Thinking of your own needs as a caregiver, what would help you the most?
   - Good information about resources and services available.
   - Advice from other caregivers, gathered from their experiences.
   - Regular or temporary breaks from care giving role.
   - Extra assistance or help so you can provide the care needed.
   - Training so you can provide better care.
   - Strategies to make your care giving easier.
   - Other (please specify) ____________________________

9. One of the best resources for caregivers is Respite - regular breaks from care giving which can only be achieved when caregivers (and care recipients) allow others to temporarily take over some part of the care giving role. How likely would you be to use Respite?
   - Extremely likely
   - Very likely
   - Moderately likely
   - Slightly likely
   - Not at all likely
   
   If not, why not? ___________________________________________________________________

Only One More Question!

Thank you for letting us ask about your family and friends! We appreciate your responses to our questions. Hopefully it reflects well on our efforts to be aware of all care and support needs - for those who receive care, and for those who give care.

10. Where do you live?
    City/Town: ____________________________________________
    ZIP: ________________________________________________