

WASHINGTON STATE'S CARE TOOL  
(1 page caregiver component)

CAREGIVER STATUS					
<b>CAREGIVER LIST</b>					
LAST NAME			FIRST NAME		
<b>CAREGIVER DETAIL</b>					
DO YOU LIVE WITH THE CLIENT? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF NO, WHAT IS THE DISTANCE YOU LIVE FROM THE CLIENT? _____ Miles		HOW LONG HAVE YOU BEEN PROVIDING CARE? _____ Months _____ Years		
<b>SUPPORT SERVICES</b>					
ARE YOU CURRENTLY USING ANY CAREGIVER SUPPORT SERVICE(S)? <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, WHAT AND HOW OFTEN <input type="checkbox"/> Caregiver Education/Conferences <input type="checkbox"/> One-on-one Training <input type="checkbox"/> Support Group <input type="checkbox"/> Counseling <input type="checkbox"/> Respite care services				
<b>STRESS BARRIERS</b>					
OVERALL HOW STRESSED DO YOU FEEL IN CARING FOR THE CLIENT? <input type="checkbox"/> Not Stressed <input type="checkbox"/> Somewhat Stressed <input type="checkbox"/> Very Stressed			ARE THERE ISSUES/ OBSTACLES THAT MAKE YOU AT RISK OF NOT BEING ABLE TO CONTINUE CAREGIVING? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>BARRIERS TO CONTINUED CAREGIVING</b>					
<input type="checkbox"/> Decline in own emotional health	<input type="checkbox"/> Employment is negatively impacted	<input type="checkbox"/> Need (more) breaks from caregiving			
<input type="checkbox"/> Decline in own physical health	<input type="checkbox"/> Has other caregiving responsibility	<input type="checkbox"/> Relationship issues with client/family			
<input type="checkbox"/> Does not have necessary training/skills	<input type="checkbox"/> Level of caregiving is too difficult				
Do you feel . . .	Never	Rarely	Sometimes	Quite Frequently	Nearly Always
that because of the time you spend with the client that you don't have enough time for yourself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
stressed between caring for the client and trying to meet other responsibilities (work/family)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
angry when you are around the client?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
that the client currently reflects your relationship with family members or friends in a negative way?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
strained when you are around the client?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
that your health has suffered because of your involvement with the client?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
that you don't have as much privacy as you would like because of the client?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
that your social life has suffered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
that you lost control of your life since the client's illness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
uncertain about what to do about the client?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
you should be doing more for the client?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
you could do a better job in caring for the client?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>