


















Caregiving Self-Assessment

1. How long has caregiving been provided by you?	<input type="checkbox"/> less than 30 days <input type="checkbox"/> 1-6 months <input type="checkbox"/> 12-24 months <input type="checkbox"/> 2 years or more
2. Does the recipient of care live with you?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Do you commute to provide care to recipient?	<input type="checkbox"/> YES If yes, how many miles? <input type="checkbox"/> NO
4. Does recipient live in a rural area?	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Does recipient of care live on a tribal jurisdiction/ reservation trust land/ non-trust land?	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. Is the recipient a veteran?	<input type="checkbox"/> YES <input type="checkbox"/> NO
7. Caregiving support provided in number of hours weekly?	<input type="checkbox"/> 10 HOURS OR LESS/WEEK <input type="checkbox"/> 15-30 HOURS/WEEK <input type="checkbox"/> 30-40 HOURS/WEEK <input type="checkbox"/> 24 HOURS (7 DAYS/WEEK)
8. Do you feel supported as a caregiver?	<input type="checkbox"/> Strongly supported <input type="checkbox"/> Moderately supported <input type="checkbox"/> Occasionally supported <input type="checkbox"/> Very little to no support

What does my stress level look like?

Managing duties/responsibilities: taking care of family needs, personal needs, etc.	 <input type="checkbox"/> Good	 <input type="checkbox"/> Okay	 <input type="checkbox"/> Poorly
Taking time for yourself: exercise, hobbies, interests	 <input type="checkbox"/> Good	 <input type="checkbox"/> Okay	 <input type="checkbox"/> Poorly
R&R: receiving adequate rest, relaxing during downtime	 <input type="checkbox"/> Good	 <input type="checkbox"/> Okay	 <input type="checkbox"/> Poorly
Filled with positive vibes or receiving words of encouragement	 <input type="checkbox"/> Good	 <input type="checkbox"/> Okay	 <input type="checkbox"/> Poorly
Feeling angry or frustrated	 <input type="checkbox"/> Good	 <input type="checkbox"/> Okay	 <input type="checkbox"/> Poorly
Allowing yourself time to spend with friends and family	 <input type="checkbox"/> Good	 <input type="checkbox"/> Okay	 <input type="checkbox"/> Poorly
My wellbeing is cared for mentally, emotionally and physically	 <input type="checkbox"/> Good	 <input type="checkbox"/> Okay	 <input type="checkbox"/> Poorly

Tasks

<p>Physical Tasks</p>	<ul style="list-style-type: none"> • Household chores: sweeping, mopping, washing dishes, laundry, etc. • Personal care: eating, bathing, dressing, medical administration, etc. • Errands/Transportation: picking up prescriptions/medical equipment needs, medical appointments, grocery shopping, etc. 	<p><input type="checkbox"/> Perform Great <input type="checkbox"/> Perform Well</p> <p><input type="checkbox"/> Not as well <input type="checkbox"/> Struggling</p> <p><input type="checkbox"/> Areas that I can improve: _____</p> <p>_____</p> <p>_____</p>
<p>Additional Tasks</p>	<ul style="list-style-type: none"> • Financial Support: assist recipient with financial wellness such as budgeting, money management, banking, etc. • Emotional/Mental Health Support: arranging appointments for emotional/mental health support; Alzheimer's/dementia, VA services, etc. • Social Engagement: arrange social get-togethers with peers and group settings, senior activities and outings, tribal commitments/meetings, tribal ceremonies, etc. 	<p><input type="checkbox"/> Perform Great <input type="checkbox"/> Perform Well</p> <p><input type="checkbox"/> Not as well <input type="checkbox"/> Struggling</p> <p><input type="checkbox"/> Areas that I can improve: _____</p> <p>_____</p> <p>_____</p>
<p>Your Own Tasks</p>	<ul style="list-style-type: none"> • Household chores: sweeping, mopping, laundry, washing dishes, family meals, etc. • Personal care/wellness: R&R, social activities, doctor's appointments, other appointments, personal errands, etc. • Family Life: taking time for own family, tending to family needs and duties. 	<p><input type="checkbox"/> Perform Great <input type="checkbox"/> Perform Well</p> <p><input type="checkbox"/> Not as well <input type="checkbox"/> Struggling</p> <p><input type="checkbox"/> Areas that I want to improve: _____</p> <p>_____</p> <p>_____</p>