

**Texas Department of Aging and Disability Services
Access & Intake/Area Agencies on Aging**

**Instructions for completing the
Caregiver Assessment Questionnaire**

Background

Senate Bill (SB) 271, 81st Legislature, Regular Session, 2009, relating to informal caregiver support services, directs the Department of Aging and Disability Services (DADS) to:

- raise awareness of services available to caregivers;
- perform outreach functions to informal caregivers; and
- gather information about the needs of caregivers through:
 - collection of profile data on informal caregivers;
 - provision of caregiver referral to support services when appropriate; and
 - implementation of a standardized caregiver assessment tool to evaluate the needs of caregivers.

SB 271 requires DADS to use the information collected to refer informal caregivers to available support services and to:

- evaluate the needs of assessed informal caregivers;
- measure the effectiveness of certain informal caregiver support interventions;
- improve existing programs;
- develop new services as necessary to sustain informal caregivers; and
- determine the effect of informal caregiving on employment and employers.

SB 271 also requires DADS to coordinate with Area Agencies on Aging (AAA) to develop and implement a protocol to evaluate the needs of certain informal caregivers. The protocol must provide guidance on the type of caregivers who should receive an assessment and include the use of a standardized assessment tool.

In collaboration with AAAs and Community Services and Program Operations Section of DADS, the Access and Intake/Area Agencies on Aging Section has developed the Caregiver Assessment Questionnaire (CAQ) which incorporates a caregiver profile being implemented by LTSS staff throughout Texas.

Requirements

A. Types of Caregivers to be Assessed

The CAQ must be completed for all caregivers receiving Care Coordination or Caregiver Support Coordination funded through Title III-E of the Older Americans Act (OAA). For example, Respite Vouchers or authorization of Adult Day Care occurs under Care Coordination or Caregiver Support Coordination so the completion of the Caregiver Assessment is required for caregivers receiving these services under Title III-E.

B. Standardized Assessment Tool

The CAQ is used to:

- collect various types of data designed to evaluate the needs of informal caregivers;
- collect data in a uniform manner from all AAAs; and
- provide consistent caregiver data to DADS for evaluation.

The CAQ is designed to meet the requirements of SB 271. The information collected will be analyzed and will be included in DADS' report to the governor and the Legislative Budget Board. DADS is required to submit this report in December of each even-numbered year, beginning December 1, 2012.

Completing the Paper Form

The CAQ is required to be completed at intake when Care Coordination or Caregiver Support Coordination is identified as a need for a caregiver requesting assistance. The CAQ must be completed for each unduplicated caregiver based on the state fiscal year.

This form may be completed by AAA staff during a face-to-face interview or by telephone. The AAA staff must discuss the questions with the caregiver. The caregiver may not be requested to complete the form by themselves and return the form to the AAA.

A. Question Sensitivity

Staff may find it awkward to ask certain questions on the CAQ. While understandable, all questions must be asked and a response recorded for each. *It is not acceptable to skip a question.* If an individual seems resistant to answering any of the questions, *do not insist on a response.* Simply document the individual refused to answer and continue to the next question.

B. Caregiver Employment

Check boxes have been provided as a means to record the ways caregiving responsibilities have affected the caregiver's employment. After asking the open-ended question, staff should listen to the caregiver's comments and check all of the boxes that apply. Interviewers are not expected to read aloud each possible response to the employment question; however, the list can be used as a prompt if the responder is unsure how to answer. If the individual seems uncertain, read aloud the response category headings. For example, "has caregiving affected your employment schedule, pay, leave, performance, or work relationships?" If further clarification is necessary considering asking: "For example, have you had to take extra leave or change your work schedule to meet your caregiver responsibilities?"

C. Caregiver Stress Interview

In this section, check boxes have also been provided as a means to record the level of stress a caregiver may be feeling because of caregiving responsibilities. Engaging in a dialogue with the caregiver can be an effective way to determine the level of stress a caregiver is experiencing for a given area. Ask open-ended questions. Approaching this area in a conversational manner can alleviate discomfort in asking these questions for both the staff and the caregiver.

It is important to keep in mind the most complete and accurate information gained while completing the CAQ will result in DADS' best analysis on a statewide level for reporting to the governor and Legislative Budget Board. More importantly, the AAA staff discussion with the caregiver may identify the best ways to help serve the caregiver.

Entering the CAQ Responses into SAMS

Each AAA is required to enter the CAQ responses into SAMS using the assessment function. The assessment document in SAMS mirrors the questions and responses on the paper form. The AAA is not required to complete a paper form if the environment allows for direct entry of the responses into SAMS.

Date:

<p>1. Caregiver's first name:</p> <p>2. Caregiver's last name:</p> <p>3. Care recipient's first name:</p> <p>4. Care recipient's last name:</p>	<p>5. Caregiver's relationship to care recipient:</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> Child</td> <td><input type="checkbox"/> Other Relative</td> </tr> <tr> <td><input type="checkbox"/> Friend</td> <td><input type="checkbox"/> Other Non-Relative</td> </tr> <tr> <td><input type="checkbox"/> Grandchild</td> <td><input type="checkbox"/> Sibling</td> </tr> <tr> <td><input type="checkbox"/> Grandparent</td> <td><input type="checkbox"/> Son/Daughter-in-Law</td> </tr> <tr> <td><input type="checkbox"/> Life Partner</td> <td><input type="checkbox"/> Spouse</td> </tr> <tr> <td><input type="checkbox"/> Neighbor</td> <td><input type="checkbox"/> Refused to Answer</td> </tr> </table>	<input type="checkbox"/> Child	<input type="checkbox"/> Other Relative	<input type="checkbox"/> Friend	<input type="checkbox"/> Other Non-Relative	<input type="checkbox"/> Grandchild	<input type="checkbox"/> Sibling	<input type="checkbox"/> Grandparent	<input type="checkbox"/> Son/Daughter-in-Law	<input type="checkbox"/> Life Partner	<input type="checkbox"/> Spouse	<input type="checkbox"/> Neighbor	<input type="checkbox"/> Refused to Answer
<input type="checkbox"/> Child	<input type="checkbox"/> Other Relative												
<input type="checkbox"/> Friend	<input type="checkbox"/> Other Non-Relative												
<input type="checkbox"/> Grandchild	<input type="checkbox"/> Sibling												
<input type="checkbox"/> Grandparent	<input type="checkbox"/> Son/Daughter-in-Law												
<input type="checkbox"/> Life Partner	<input type="checkbox"/> Spouse												
<input type="checkbox"/> Neighbor	<input type="checkbox"/> Refused to Answer												

<p>6. Caregiver Demographics and Living Arrangement</p> <p>a. Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Not Married <input type="checkbox"/> Refused</p> <p>b. Hispanic Origin: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused</p> <p>c. Race: <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> White <input type="checkbox"/> Refused <input type="checkbox"/> Other Pacific</p> <p>d. Lives with care recipient: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused</p>	<p>7. Assessment Time Start:</p> <p>8. Assessment Time End:</p> <p>9. Total Time:</p>
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Caregiver Needs	
10. Were you aware of the caregiver support resources prior to making this contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. If YES , have you received caregiver support services in the past?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. If NO , what prompted you to seek help now?	
13. Do you have concerns about receiving the caregiver support? (Check all that apply)	
<input type="checkbox"/> Care recipient reluctant to accept outside help	<input type="checkbox"/> No one else can provide care as well as I do
<input type="checkbox"/> Do not trust service providers in the home	<input type="checkbox"/> Other
14. If "Other" was indicated above, please describe:	

Caregiver Profile	
15. Are you paid to provide care for [care recipient's name]?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes , stop here)
16. Are you the only non-paid person providing care to [care recipient's name]?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused to Answer
17. How long have you provided care for [care recipient's name]?	<input type="checkbox"/> year(s) <input type="checkbox"/> month(s)
18. How often do you provide care to [care recipient's name]?	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Less than Once per Month <input type="checkbox"/> Refused to Answer
19. Do you have children under the age of 18?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused to Answer
20. Are you also providing care to any other individuals?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused to Answer
21. Is there anyone you can call on in an emergency to fill in for you as a caregiver?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused to Answer
22. Distance to care recipient's home: (Select one)	<input type="checkbox"/> 0 – 10 miles <input type="checkbox"/> 11 – 40 miles <input type="checkbox"/> 41 – 100 miles <input type="checkbox"/> Over 100 miles <input type="checkbox"/> Refused to Answer
23. Do you have a chronic health condition or have you experienced a recent health crisis? (If No , go to question 25)	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Has this health condition affected your ability to care for [care recipient's name]?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Caregiver's Name:	Date:			
Care Recipient's Name:				
25. Are you employed? <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Not Employed	<input type="checkbox"/> Refused to Answer			
26. Have your caregiver responsibilities ever affected your employment? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused to Answer	(If No , go to question 28)			
27. How has your employment been affected? (Select all that apply)				
Schedule	Pay	Leave	Work Relationships	Performance
<input type="checkbox"/> Changed jobs <input type="checkbox"/> Decreased hours or went part-time <input type="checkbox"/> Has taken extended leave with pay <input type="checkbox"/> Quit job	<input type="checkbox"/> Has taken a second job <input type="checkbox"/> Has lost wages or periods with no income <input type="checkbox"/> Has taken leave without pay (LWOP) <input type="checkbox"/> Missed promotion opportunity <input type="checkbox"/> Received pay cut or pay decreased	<input type="checkbox"/> Takes leave frequently <input type="checkbox"/> Used all paid leave; no leave remaining <input type="checkbox"/> Exceeded Family Medical Leave Act (FMLA)	<input type="checkbox"/> Feeling of isolation <input type="checkbox"/> Less co-worker interaction <input type="checkbox"/> Tension or problem with co-worker <input type="checkbox"/> Tension or problem with supervisor	<input type="checkbox"/> Decreased confidence in own ability <input type="checkbox"/> Decrease in productivity <input type="checkbox"/> Difficulty with concentration or focus <input type="checkbox"/> Fear of losing job <input type="checkbox"/> Perform or manage caregiver tasks at work
Caregiver Skills and Training Assessment				
28. Which of the following tasks do you assist the care recipient with? (Check all that apply)				
<input type="checkbox"/> Personal care tasks (ADLs)	<input type="checkbox"/> Health care (doctor visits, medication monitoring)			
<input type="checkbox"/> Homemaker chores (IADLs)	<input type="checkbox"/> Supervision			
<input type="checkbox"/> Transportation	<input type="checkbox"/> Emotional support			
<input type="checkbox"/> Managing finances	<input type="checkbox"/> 29. Other (describe):			
30. If [care recipient's name] has a chronic disease or condition, how knowledgeable do you feel about this disease or condition? <input type="checkbox"/> Very <input type="checkbox"/> Somewhat <input type="checkbox"/> Not at all				
Care recipient's disease/condition:				
31. Do you need information, education and/or training about the following? (Check all that apply)				
<input type="checkbox"/> How to care for yourself while caring for others	<input type="checkbox"/> In-home support services			
<input type="checkbox"/> How to provide care to an aging individual	<input type="checkbox"/> Short-term respite care in a facility			
<input type="checkbox"/> More information about care recipient's disease/condition	<input type="checkbox"/> Choosing a long-term care facility			
<input type="checkbox"/> How to get other family members to help	<input type="checkbox"/> Support groups			
<input type="checkbox"/> Home safety and/or home modifications, or equipment	<input type="checkbox"/> Individual counseling options			
<input type="checkbox"/> Legal and financial issues, powers of attorney, living will	<input type="checkbox"/> On-line information and supports			
<input type="checkbox"/> Long-term care options (insurance and/or other benefits)	<input type="checkbox"/> Hands on skills training for personal care tasks (bathing, grooming, toileting)			
32. <input type="checkbox"/> Other, please describe:				

Caregiver's Name:		Date:				
Care Recipient's Name:						
Caregiver Stress Interview						
33. Do you find caring for [care recipient's name] to be stressful?						<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused to Answer
34. Would you rate your stress level as:		<input type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> High	<input type="checkbox"/> Refused to Answer	
Check the response that best describes how you feel:	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Refused to Answer
35. I feel a sense of satisfaction helping [care recipient's name].	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. I am confident about providing care to [care recipient's name].	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Caring for [care recipient's name] while trying to meet other responsibilities for my family or work is causing increased stress.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. I feel a sense of obligation to provide care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. My health has suffered because of my involvement with providing care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. My finances are strained because I provide care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. I could do a better job of caring for [care recipient's name].	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. What do you do to cope with the stress related to the challenges of caregiving? Describe:						
43. Is this working to help relieve stress?		<input type="checkbox"/> Yes	<input type="checkbox"/> Somewhat	<input type="checkbox"/> Not at all		
Caregiver Priority Status (check all that apply)						
<input type="checkbox"/>	Providing care to a person with Alzheimer's disease or related dementia	<input type="checkbox"/>	Grandparents or older relative caregivers who are 55+ , who are providing care for children with severe disabilities			
Optional targeting categories (check all that apply)						
<input type="checkbox"/>	Caregiver recently hospitalized	<input type="checkbox"/>	Care recipient requires assistance with three or more ADLs			
<input type="checkbox"/>	Care recipient recently hospitalized	<input type="checkbox"/>	Caregiver's income is at or below federal poverty level			
<input type="checkbox"/>	Caregiving is likely to continue indefinitely	<input type="checkbox"/>	Caregiver is caring for more than one person			
<input type="checkbox"/>	Care recipient is at risk for institutionalization	<input type="checkbox"/>	Other:			
<input type="checkbox"/>	Caregiver has chronic health condition or has had a recent health crisis		Notes:			

Care Coordinator's Name