

CAREGIVERU

A Program of AGE of Central Texas

presents

Savvy Caregiver

*Please complete this form
before the end of the first class.*

Today's Date: _____

Location of Class: _____

Your Name: _____

Note: Your responses to the following questions will remain confidential.

1. What is your date of birth? _____ / _____ / _____
AGE? _____ Month Day Year
2. What is your gender? Male Female
3. Which of the following best describes you? **Check one box.**
 White (Non-Hispanic) Black/African-American
 Asian or Pacific Islander Hispanic, Mexican-American, Latino
 American Indian Other _____
4. What is your total annual household income? **Check one box.**
 \$16, 020 or less \$16,021 - \$24, 030
 \$24,031 - \$32,040 \$32,041 or greater
5. What is the Zip Code where you live? _____ County? _____
6. Including you, how many people live in your household? _____
7. Where does the person you are helping currently live? **Check one box.**
 With Me
 With Somebody else
 In their own home or apartment
 Assisted Living
 Nursing Home
 Other (Please specify _____)
8. Does the person you are caring for currently have dementia?
 Yes No

9. How well do you understand the type or extent of the dementia of the person you are caring for? **Check one box.**
- I am not sure if he/she even has dementia.
 - A medical professional has diagnosed the person as having dementia but I do not fully understand what this diagnosis really means.
 - I understand the diagnosis but I am not sure what stage he/she is currently in.
 - I think I have a pretty good idea of the diagnosis, their current abilities, and how their physical and mental conditions may change as time passes.
10. How comfortable do you feel as far as making decisions for your care recipient? **Check one box.**
- I don't make decisions for my care recipient.
 - I feel uncomfortable making decisions for my care recipient but do it if I must.
 - I feel comfortable making decisions for my care recipient after considering his/her preferences and desires.
11. How much time each week do you take for yourself? (Examples: exercise, time with friends, alone time, participating in a hobby, etc.) **Check one box.**
- I take no time for myself each week.
 - I take less than an hour each week for myself.
 - I take 1 – 3 hours per week for myself.
 - I take more than 3 hours per week.

12. Thinking about the things you do as a caregiver, please complete the following:
Check one box on each line.

STRONGLY AGREE AGREE DISAGREE STRONGLY DISAGREE

I feel skilled as a caregiver.

I feel empowered to cope
well with caregiving.

DID YOU ANSWER ALL OF THE QUESTIONS?

THANK YOU FOR TAKING TIME TO COMPLETE THIS QUESTIONNAIRE.