

# CAREGIVERU

A Program of AGE of Central Texas

presents

## Savvy Caregiver

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

Today's Date: \_\_\_\_\_

Location of Class: \_\_\_\_\_

Your Name: \_\_\_\_\_

*Including your email address will allow us to continue sharing CaregiverU resources.*

Email Address: \_\_\_\_\_

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

1. 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.
  
2. 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.
  
3. When you think about **the last time** you were with the care recipient, did you observe a moment:  
(**Check all that apply**)
  - the person was “zeroed in” on something and seemed very focused?
  - when the person was doing a task or activity that they liked and they seemed happy?
  - when things were starting to unravel and you used something from your bag of caregiving tricks that got the person “back on track” and/or reduced their anxiety?
  - when you felt the person was really connected with you?
  - when the person beamed with delight because of something you set up or did for (or with) them?

4. 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.

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.

6. Overall, how would you rate this class? **(Please circle the appropriate number.)**

**Poor**    1                    2                    3                    4                    5    **Excellent**

7. After taking the class, I feel more skilled as a caregiver. **(Check one box.)**

Strongly Agree     Agree     Disagree     Strongly Disagree

8. After taking the class, I feel more empowered to cope with caregiving. **(Check one box.)**

Strongly Agree     Agree     Disagree     Strongly Disagree

9. I would recommend this class to a friend or relative. **(Check one box.)**

Strongly Agree     Agree     Disagree     Strongly Disagree

10. What did you like best about this class?

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11. Other comments?

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**DID YOU ANSWER ALL OF THE QUESTIONS?  
THANK YOU FOR TAKING TIME TO COMPLETE THIS QUESTIONNAIRE.**

*Thank you for participating in this class. Please help spread the word by telling other caregivers about these classes. A schedule of upcoming classes is posted at:*

***[www.caregiverUcentx.org](http://www.caregiverUcentx.org)***