

# Caregiver Self-Assessment

- Review your roles and responsibilities and evaluate your stress.
- Visit [www.va.gov/Geriatrics](http://www.va.gov/Geriatrics) to learn more about short- and long-term services and supports in VA and the community.
- Talk with your Veteran about this Self-Assessment.
- Use this Self-Assessment in discussions with your Veteran's social worker and care team about the home and community services and supports that are best for you and your Veteran.



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[www.va.gov/Geriatrics](http://www.va.gov/Geriatrics)

*Your Veteran's eligibility is based on clinical need and service or setting availability.*

# Step 1. Review Role

*Check the best answer*

|  |  |
|--|--|
| <b>How long have you been a caregiver for the Veteran?</b>   | <input type="checkbox"/> Less than 1 month<br><input type="checkbox"/> Between 1 month and 1 year<br><input type="checkbox"/> Between 1 year and 3 years<br><input type="checkbox"/> More than 3 years                 |
| <b>Does the Veteran currently live with you?</b>             | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Not now, but this may change<br><input type="checkbox"/> Sometimes (please explain)<br><hr/>                                   |
| <b>How often do you provide caregiver support?</b>           | <input type="checkbox"/> 24 hours/day, 7 days a week<br><input type="checkbox"/> About 40 hours a week<br><input type="checkbox"/> Between 10 to 40 hours a week<br><input type="checkbox"/> Less than 10 hours a week |
| <b>How much support do you feel for your caregiver role?</b> | <input type="checkbox"/> Very supported<br><input type="checkbox"/> Somewhat supported<br><input type="checkbox"/> Rarely supported<br><input type="checkbox"/> Not supported at all                                   |

## Step 2. Review Responsibilities

|                                     |   |                          |                          |
|-------------------------------------|---|--------------------------|--------------------------|
| <b>Physical care for Veteran</b>    | <i>Check “Yes” if you give this care. If you need help providing care, check the second box, too.</i>                   | <b>Yes</b>               | <b>I need help</b>       |
|                                     | Activities of daily living (eating, bathing, walking)   | <input type="checkbox"/> | <input type="checkbox"/> |
|                                     | Hands-on care (physical therapy, wound care)  | <input type="checkbox"/> | <input type="checkbox"/> |
|                                     | Household work and chores (meals, laundry, shopping)  | <input type="checkbox"/> | <input type="checkbox"/> |
|                                     | Transportation (to appointments or services)  | <input type="checkbox"/> | <input type="checkbox"/> |
|                                     | Other tasks (describe):<br>_____  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Other assistance for Veteran</b> | <i>Check “Yes” if you give this help. If you need help providing assistance, check the second box, too.</i>             | <b>Yes</b>               | <b>I need help</b>       |
|                                     | Money management (reviewing bills, tracking finances)   | <input type="checkbox"/> | <input type="checkbox"/> |
|                                     | Coordinating appointments (physicians, social workers)  | <input type="checkbox"/> | <input type="checkbox"/> |
|                                     | Social support (planning activities with others)  | <input type="checkbox"/> | <input type="checkbox"/> |
|                                     | Emotional support (listening, talking)  | <input type="checkbox"/> | <input type="checkbox"/> |
|                                     | Financial support for Veteran (paying Veteran’s expenses)   | <input type="checkbox"/> | <input type="checkbox"/> |
|                                     | Other tasks (describe):<br>_____  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Your life</b>                    | <i>Check “Yes” if your life includes this role. If caregiving makes this role difficult, check the second box, too.</i> | <b>Yes</b>               | <b>Makes difficult</b>   |
|                                     | Paid work   | <input type="checkbox"/> | <input type="checkbox"/> |
|                                     | Education/schooling   | <input type="checkbox"/> | <input type="checkbox"/> |
|                                     | Other caring roles, such as parenting   | <input type="checkbox"/> | <input type="checkbox"/> |
|                                     | Cooking/maintaining household/managing finances   | <input type="checkbox"/> | <input type="checkbox"/> |
|                                     | Social and leisure activities   | <input type="checkbox"/> | <input type="checkbox"/> |
|                                     | Other tasks (describe):<br>_____  | <input type="checkbox"/> | <input type="checkbox"/> |

## Step 3. Evaluate Stress

Caregivers are often so busy caring for a loved one that they can neglect their own well-being. Evaluate your caregiver stress below.

| Evaluate stress and | <i>Check “I am doing well” OR “I am struggling with this.”</i> | <b>I am doing</b>        | <b>I am struggling with this</b> |
|---------------------|--|--------------------------|----------------------------------|
|                     | Handling my commitments and responsibilities                   | <input type="checkbox"/> | <input type="checkbox"/>         |
|                     | Sleeping and taking time to rest                               | <input type="checkbox"/> | <input type="checkbox"/>         |
|                     | Spending time with family and friends                          | <input type="checkbox"/> | <input type="checkbox"/>         |
|                     | Taking a break when I need to                                  | <input type="checkbox"/> | <input type="checkbox"/>         |
|                     | Having a positive attitude                                     | <input type="checkbox"/> | <input type="checkbox"/>         |
|                     | Handling stressful events when they occur                      | <input type="checkbox"/> | <input type="checkbox"/>         |
|                     | Handling my anger  | <input type="checkbox"/> | <input type="checkbox"/>         |
|                     | Staying healthy, both mentally and physically                  | <input type="checkbox"/> | <input type="checkbox"/>         |
|                     | Feeling like I’m doing a good job as a caregiver               | <input type="checkbox"/> | <input type="checkbox"/>         |

## Step 4. Take Action

Check the box if you plan to:

### Take Action

- Learn more about long term care services and caregiver websites via [www.va.gov/Geriatrics](http://www.va.gov/Geriatrics)
- Visit the VA Caregiver Support website at [www.va.gov/Geriatrics](http://www.va.gov/Geriatrics)
- Talk with a VA social worker about long term care services for Veterans and/or visit [www.socialwork.va.gov/socialworkers.asp](http://www.socialwork.va.gov/socialworkers.asp)
- Talk with a VA caregiver support coordinator to learn more about VA support for caregivers
- Talk with a mental health provider about drug, alcohol or mental health services for the Veteran
- Talk with family and friends about getting more support for the Veteran and myself
- Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_