

# Caregiver

## Self-Assessment Worksheet

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

Caregiver



Veteran



Social Worker

Care Team

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

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



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# 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"/> Now 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 Veterans ( 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 your stress and well-being              | <i>Check “I am doing well” OR “I am struggling with this.”</i> | <b>I am doing well</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.caregiver.va.gov](http://www.caregiver.va.gov)
- 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/or myself
- Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_