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| **DEPARTMENT OF HEALTH SERVICES**  Division of Public Health  F-02519 (11/2022) |  | **STATE OF WISCONSIN**  Page 1 of 2 |
| **WISCONSIN FAMILY CAREGIVER PROGRAM**  **NEEDS ASSESSMENT** | | |

| Caregiver Name | | Caregiver ID Number | Date | |
| --- | --- | --- | --- | --- |
|  | |  | Enter Date | |
| Care Recipient Name | | | | |
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| **SECTION I:** Unmet Care Recipient Needs (Check all of the items needs help with) | | | | |
| Adaptive Equipment | Yes No | Managing Health Care | | Yes No |
| Bathing | Yes No | Mentally Stimulating Activities | | Yes No |
| Dressing | Yes No | Money Management | | Yes No |
| Companionship | Yes No | Nutritional Counseling | | Yes No |
| Cooking | Yes No | Overnight Care | | Yes No |
| Dementia Care Specialist Referral | Yes No | Personal Emergency Response System | | Yes No |
| Eating | Yes No | Shopping | | Yes No |
| Elder Benefits Counseling | Yes No | Supplemental Nutrition Assistance Program (FoodShare) | | Yes No |
| Grooming | Yes No | Toileting | | Yes No |
| Home Delivered/Congregate Meals | Yes No | Transferring | | Yes No |
| Home Modifications | Yes No | Transportation | | Yes No |
| In Home Safety/Security | Yes No | Other: | | Yes No |
| Incontinence Strategies | Yes No | Does not apply | | Yes No |
| Interaction with Others | Yes No |  | | Yes No |
| **Top needs identified by caregiver:** | | | | |
|  | | | | |
| **Note**: Sections II through V Refer to the Caregiver’s Needs, not the care recipient | | | | |
| **SECTION II:** Unmet Caregiver Respite Needs (Check all that you need more time for or help with) | | | | |
| Free Time to Oneself | Yes No | Outside Chores | | Yes No |
| Housecleaning | Yes No | Overnight Respite | | Yes No |
| Laundry | Yes No | Preparing Meals | | Yes No |
| Making/Keeping Appointments | Yes No | Shopping | | Yes No |
| Managing Your Own Medications | Yes No | Transportation | | Yes No |
| Meeting Employment Obligations | Yes No | Other: | | Yes No |
| Money Management | Yes No | Does not apply | | Yes No |
| **Top needs identified by caregiver:** | | | | |
|  | | | | |
| **SECTION III:** Unmet Caregiver Physical Health Needs (Check all that you need or would you benefit from) | | | | |
| Access to Affordable Health/Dental | Yes No | Nutritional Counseling | | Yes No |
| Exercise | Yes No | Powerful Tools for Caregivers | | Yes No |
| Food Pantries | Yes No | Shopping Access/Transportation | | Yes No |
| Free Time to Oneself | Yes No | Supplemental Nutrition Assistance Program (FoodShare) | | Yes No |
| Help Preparing Balanced Meals | Yes No | Other: | | Yes No |
| Home Delivered Meals | Yes No | Does not apply | | Yes No |
| More Sleep | Yes No |  | | Yes No |
| **Top needs identified by caregiver:** | | | | |
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| **SECTION IV:** Unmet Caregiver Emotional Health Needs (Check all that apply) | | | | |
| How have you been handling the emotional stress of caring for \_\_\_\_\_\_\_? Has it been difficult emotionally?  Are you able to handle the added stress from caring for \_\_\_\_\_\_\_\_?  Are you aware of support groups/memory cafés and that counseling and support groups are available? | | | | |
| Family Meeting | Yes No | People Willing to Help | | Yes No |
| Free Time to Oneself | Yes No | Social Time with Family/Friends | | Yes No |
| Memory Café | Yes No | Stress Relief/Relaxation Techniques | | Yes No |
| Mental Health Counseling | Yes No | Support Group | | Yes No |
| Options Counseling/Resources | Yes No | Other: | | Yes No |
| Paid Respite | Yes No | Does not apply | | Yes No |
| Participate Activities Outside Caregiving | Yes No |  | | Yes No |
| **Top needs identified by caregiver:** | | | | |
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| **SECTION V:** Education and Resource Needs (Check all that apply) | | | | |
| Are advance directives in place for your loved one? For yourself? Would more information or education about handling behavior challenges or the person’s condition, caregiving stress or community resources be helpful? | | | | |
| Advanced Directive/Power of Attorney | Yes No | Options Counseling/Resources | | Yes No |
| Alzheimer’s 24/7 Helpline | Yes No | Powerful Tools Workshop | | Yes No |
| Clarify End-of-Life Wishes | Yes No | Share the Care Program | | Yes No |
| De-escalation Techniques | Yes No | Support Group | | Yes No |
| Health Care Literacy | Yes No | Trualta Online Caregiver Training  Other: Yes No | | Yes No |
| Information about Disease Progression | Yes No | Does not apply | | Yes No |
| Long-Term Planning | Yes No |  | |  |
| **Top needs identified by caregiver:** | | | | |
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| **Conversation Starters**  Questions to help caregivers identify their most important needs. (Responses from this section are not reported to DHS) | | | | |
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| What two situations/responsibilities are the most stressful for you? | | | | |
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| How could these situations be eliminated/reduced or made less stressful? | | | | |
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| If you could remove one responsibility from your daily or weekly routine to make life easier, what would that be? | | | | |
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| What techniques do you currently use to relieve stress? | | | | |
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| Who can you rely on to give you a break from your responsibilities? | | | | |
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