|  |  |  |
| --- | --- | --- |
| **DEPARTMENT OF HEALTH SERVICES**Division of Public HealthF-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 |
|       |
| **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:** |
|       |
| **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:** |
|       |
| **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 TrainingOther: [ ] 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:** |
|       |
| **Conversation Starters**Questions to help caregivers identify their most important needs. (Responses from this section are not reported to DHS) |
|  |
| What two situations/responsibilities are the most stressful for you? |
|       |
| How could these situations be eliminated/reduced or made less stressful? |
|       |
| If you could remove one responsibility from your daily or weekly routine to make life easier, what would that be? |
|       |
| What techniques do you currently use to relieve stress? |
|       |
| Who can you rely on to give you a break from your responsibilities? |
|       |