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| **DEPARTMENT OF HEALTH SERVICES**Division of Public HealthF-02720 (03/2021) | **STATE OF WISCONSIN** |
| **FAMILY CAREGIVER SUPPORT PROGRAM** **INITIAL EVALUATION** |
| This survey should be completed by program participants at the time services begin. A second post evaluation survey should be completed after six months to one year of participation, or upon leaving the program. It is preferred to have caregivers complete the second evaluation in person during a follow-up visit, but it is permissible to conduct it over the phone. |
| Name | Today’s Date |
|       |       |
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|  | Check One Response |
| 1. How would you rate your ability to provide for the person in your care?
 | [ ]  Good[ ]  Fair[ ]  Poor[ ]  Neutral |
| 1. How would you rate your energy to do what is needed?
 | [ ]  Good[ ]  Fair[ ]  Poor[ ]  Neutral |
| 1. How would you rate your mood/morale about performing caregiving tasks at this time?
 | [ ]  Good[ ]  Fair[ ]  Poor[ ]  Neutral |
| 1. How would you rate your physical health at this time?
 | [ ]  Good[ ]  Fair[ ]  Poor[ ]  Neutral |
| 1. How would you rate your mental or emotional health at this time?
 | [ ]  Good[ ]  Fair[ ]  Poor[ ]  Neutral |
| 1. How would you rate your knowledge about community resources available to help?
 | [ ]  Good[ ]  Fair[ ]  Poor[ ]  Neutral |
|  |
| **For Office Use Only** |
| Program | Enrolled | Enrollment Date | Survey Date | Pre or Post Survey |
| AFCSP |  |  |  |  |
| NFCSP |  |  |  |  |
| Both |  |  |  |  |