

TCARE Screenener



Page 1-Demographic Data of Caregiver

First Name _____

Last Name _____

Phone Number _____

Email Address _____

Address _____

City _____

State _____

Zip Code _____

Date of Birth _____

Page 2-Demographic Data of Care Receiver

First Name _____

Last Name _____

Phone Number _____

Email Address _____

Address _____

City _____

State _____

Zip Code _____

Date of Birth _____

Page 3

1. When did you first begin caring for your relative? (year)

2. How would you rate your overall health at the present time?
 - Very Good
 - Good
 - Fair
 - Poor
 - Very Poor

3. How many dependent adults do you care for on a regular basis? (including care receiver)

4. How many dependent children do you care for on a regular basis? (under age 18)

Page 4 (Identity Discrepancy)

1. The next section are common thoughts or feelings of caregivers just like yourself. On a scale of 1-6, 1 being STRONGLY AGREE and 6 being STRONGLY DISAGREE

a. You are not sure you can take on any more responsibilities than what you have right now.

- Strongly Disagree
- Disagree
- Disagree a Little
- Agree a Little
- Agree
- Strongly Agree

b. You are not sure you can take on any more responsibilities than what you have right now.

- Strongly Disagree
- Disagree
- Disagree a Little
- Agree a Little
- Agree
- Strongly Agree

c. You are not sure you can take on any more responsibilities than what you have right now.

- Strongly Disagree
- Disagree
- Disagree a Little
- Agree a Little
- Agree
- Strongly Agree

Page 5 (Intention to Place)

1. Given your relative's (care receiver) CURRENT CONDITION, would you consider placing him/her in a different type of care setting, such as a nursing home or another care facility for long-term placement.

-Definitely Not

-Probably Not

-Probably Would

-Definitely Would

-Does not apply-relative in a care facility

Page 6 (CG Burden)

- a. Have your caregiving responsibilities caused conflict with your relative?
- Strongly Disagree
 - Disagree
 - Disagree a Little
 - Agree a Little
 - Agree
 - Strongly Agree
- b. Have your caregiving responsibilities created a feeling of hopelessness?
- Strongly Disagree
 - Disagree
 - Disagree a Little
 - Agree a Little
 - Agree
 - Strongly Agree
- c. Have your caregiving responsibilities given your life more meaning?
- Strongly Disagree
 - Disagree
 - Disagree a Little
 - Agree a Little
 - Agree
 - Strongly Agree
- d. Have your caregiving responsibilities increased the number of unreasonable requests made by your relative?
- Strongly Disagree
 - Disagree
 - Disagree a Little
 - Agree a Little
 - Agree
 - Strongly Agree

Page 7(CG Burdens cont.)

- e. Have your caregiving responsibilities made you more satisfied with your relationship?
- Strongly Disagree
 - Disagree
 - Disagree a Little
 - Agree a Little
 - Agree
 - Strongly Agree
- f. Have your caregiving responsibilities caused you to feel that your relative makes demands over and above what he/she needs?
- Strongly Disagree
 - Disagree
 - Disagree a Little
 - Agree a Little
 - Agree
 - Strongly Agree
- g. Have your caregiving responsibilities given you a sense of fulfilment?
- Strongly Disagree
 - Disagree
 - Disagree a Little
 - Agree a Little
 - Agree
 - Strongly Agree
- h. Have your caregiving responsibilities changed your routine?
- Strongly Disagree
 - Disagree
 - Disagree a Little
 - Agree a Little
 - Agree
 - Strongly Agree

Page 8 (CG Burdens cont.)

- i. Have your caregiving responsibilities caused you to worry?
 - Strongly Disagree
 - Disagree
 - Disagree a Little
 - Agree a Little
 - Agree
 - Strongly Agree

- j. Have your caregiving responsibilities left you with almost no time to relax?
 - Strongly Disagree
 - Disagree
 - Disagree a Little
 - Agree a Little
 - Agree
 - Strongly Agree

Page 9 (Depression)

- a. I had trouble keeping my mind on what I was doing in the past week.
 - Rarely or None of the Time (<1)
 - Some or a little of the time (1-2 Days)
 - Occasionally or a moderate amount of time (3-4 days)
 - All of the time (5 or more days)

- b. I felt depressed in the past week.
 - Rarely or None of the Time (<1)
 - Some or a little of the time (1-2 Days)
 - Occasionally or a moderate amount of time (3-4 days)
 - All of the time (5 or more days)

- c. How often have you felt hopeful about the future in the past week?
 - Rarely or None of the Time (<1)
 - Some or a little of the time (1-2 Days)
 - Occasionally or a moderate amount of time (3-4 days)
 - All of the time (5 or more days)

- d. How often you have had restless sleep in the past week?
 - Rarely or None of the Time (<1)
 - Some or a little of the time (1-2 Days)
 - Occasionally or a moderate amount of time (3-4 days)
 - All of the time (5 or more days)

Page 10 (Care Receiver Details)

1. Has your care receiver been diagnosed with any of the following? Or any other diagnosis not listed here?

- Cancer
- Multiple Sclerosis
- Parkinson's Disease
- Stroke
- Heart Disease
- Autism
- Cerebral Palsy
- Down Syndrome
- Prader-Willi Syndrome
- None
- Other (please list here)_____

2. Which of the following best describes your care receiver?

- No Memory Problem
- Memory or cognitive problems suspected
- Probably Alzheimer's Disease or other dementia suspected, but is not medically diagnosed
- Yes, Alzheimer's Disease or other dementia has been medically diagnosed