

# ***Family Caregiver Assessment***

Use these questions to assess *your family member's current situation* and as part of a conversation to identify needs and reinforce what is working well.

## **Physical Health**

- Has your family member been diagnosed with any chronic diseases, such as diabetes, high blood pressure, arthritis, emphysema?
- Has your family member experienced fractures or trauma, unusual weight gain or loss, incontinence, balance problems?
- Does he/ she have dental problems?
- Do you have a list of the health professionals he/she is currently seeing?

## **Behaviors**

- Has your family member been diagnosed with any psychiatric disorders, such as depression, anxiety disorder, psychosis?
- Has he/she been diagnosed with Alzheimer's disease or other dementia?
- Is he/she alert? Does he/she have mood swings?
- Does your family member exhibit signs of extreme forgetfulness, wandering off, confusion, disorientation, sadness, or loneliness?
- Have you noticed a decreased interest in reading, writing, communicating, and maintaining friends, or less interest in life in general?

## Medications

- Check all the medicines your family member takes. Note times per day and doses.
- Is your family member able to take medications as directed, and does he/she know how to avoid interactions?
- Does he/she have problems using medicine properly?

### The bottom line:

Talk openly with your parents about their living situation, and identify assistance should they need it.

## Daily Living

- How is your family member's ability to move around the home? Is there a need for adaptive aids, such as a cane, walker, or grab bars in the bathroom?
- Does he/she have special dietary needs?
- Is he/she able to dress, bathe, get up from a chair easily, use a toilet, use the phone, climb stairs, get help in an emergency, shop, prepare meals, do housework, drive safely?

## Environmental Safety

- How is the neighborhood?
- Is their home safe (e.g., Is it free of hazards such as throw rugs)? Does it have working smoke alarms and fire extinguishers?
- Is he/she able to avoid telephone scams and door-to-door fraud?
- Can he/she maintain the house and yard?

## Support System

- Does he/she have the names, addresses, and phone numbers of key family members, friends, and neighbors readily available?
- Does your family member have frequent visitors or see friends?
- Do your parents go to a senior center? Do they go out of the house for social reasons?
- Does he/she belong to organizations, including faith-based groups?

- Do family members live nearby? Do they see these relatives regularly?

### **Appearance and Hygiene**

- How is his/her appearance/personal hygiene? Does he/she routinely brush teeth, trim nails, shave, wash and comb hair?
- Are his/her clothes clean, and is he/she dressed appropriately?

### **Finances**

- What insurance does he/she have?
- Do you have a general idea as to your family member's personal assets?
- Are there any legal documents such as trusts, living wills, durable or other powers of attorney? Do you know where important records are kept?
- Does your family member have a financial plan?
- Are there outside sources of financial assistance?
- Does your family member pay bills on time and make reasonable financial decisions?

### **Interests/Lifestyles**

- Does your family member have hobbies?
- What about television/radio programs, reading preferences?
- Does he/she exercise regularly?
- Does he/she play a musical instrument? Does he/she or speak more than one language?
- What are his/her favorite topics of conversation? What are his/her Their important life events, spiritual backgrounds, accomplishments, social activities?

Source: AARP, <http://www.aarp.org/confacts/caregive/assess.html>