The C.A.R.E. Tool, Short Version was made possible with funding from Health Canada. It draws on previous work by Guberman, Keefe, Fancey, Nahmiash & Barylak (2001) "Development of Screening and Assessment Tools for Family Caregivers" funded by the Health Transition Fund, Health Canada. For more information on these projects, please visit www.msvu.ca/family&gerontology/project.
1. **PROFILES**

1a. **Caregiver Profile**

ADDRESS: ____________________________________________________________

CITY: ______________________ PHONE: ______________________

SEX: □ F □ M AGE: ______________________ MARITAL STATUS: __________

ETHNIC ORIGIN: ______________________ LANGUAGE SPOKEN AT HOME: __________

RELATIONSHIP: THE CARE RECIPIENT IS THE ______________________ OF THE CG.

1b. **Care Recipient Profile**

SEX: □ F □ M AGE: ______________________ MARITAL STATUS: __________

ETHNIC ORIGIN: ______________________ LANGUAGE SPOKEN __________

ILLNESS / DISABILITY: __________

Is CR receiving any formal or community services? : □ Yes □ No

If yes, what type of service(s)?

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2. DESCRIPTION OF CARE GIVING WORK AND SUPPORT RECEIVED

2.1 List of care giving tasks: intensity, support, problems or difficulties

Do you help the CR in the following areas? If yes, specify what you do.

<table>
<thead>
<tr>
<th>Task</th>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>Feeding</td>
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<td>PT/OT Exercises</td>
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<tr>
<td>Take Medications</td>
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<tr>
<td>Nursing/Medical Care</td>
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</table>

What other types of help does the CR have with these tasks?

Thinking of all the physical and nursing care you do and all the help the CR has, are you having difficulty in any of these areas?
HOUSEHOLD WORK:

Do you help the CR in the following areas? If yes, specify what you do. Yes No

Preparing Meals: ________________________________________________________________

Shopping/Errands: ______________________________________________________________

Laundry: ________________________________________________________________

Housecleaning: _________________________________________________________________

Yard Work/Light and Heavy Maintenance: __________________________________________

Banking/Finances/Legal Help: ______________________________________________________

Offering Financial Help: __________________________________________________________

What other types of help does the CR have with these tasks? ______________________________________________________________

Thinking of all the household work you do and all the help the CR has, are you having difficulty in any of these areas? __________

SUPPORT/SUPERVISION: “DO YOU NEED TO”

Do you need to do any of the following? If yes, specify what you do. Yes No

Stay in the House So That CR Feels Safe: ________________________________________________

Offer Emotional Support/Reassure CR: ________________________________________________

Correct or Change Dangerous, Unwanted or Difficult Behaviors of the CR: __________

Encourage CR to Participate in Different Activities: ______________________________

Ensure Prevention of Injuries, Accidents or Wandering: ______________________________

Remain Vigilant at Night: __________________________________________________________

What other types of help does the CR have with these tasks? ______________________________________________________________

Thinking of all the emotional support and supervision you do for the CR and all the help the CR has, are you having difficulty in any of these areas? __________
COORDINATION/MEDIATION

Do you need to do any of the following? If yes, specify what you do.

Locate/Set up/Check on Services:  

Organize and/or Train Support Helpers:  

Make and/or Accompany CR to Appointments:  

Interpret for CR:  

Arrange/Provide Transportation:  

Step in to Improve Relations Between CR and Others:  

Advocate for CR:  

Other, Specify:  

What other types of help does the CR have with these tasks?

Thinking of all the mediation and coordination you do and the help CR has for this, are you having difficulty in any of these areas?

Are there other things that you do for CR that we haven’t discussed and that you’d like to talk about?

In your family, who has the last word with regard to decisions concerning CR’s care?

Is this situation causing you any trouble?  

If yes, specify?

How long have you been care giving?  

Length of intense care giving (if applicable).  

Would you consider that your care giving responsibilities are:

24 Hours/Day  

Like a Full-Time Job  

Like a Part-Time Job  

Occasional  

Would you say your helping role preoccupies you:

All the Time  

Often  

Sometimes  

Rarely  

How and why did you become the main person responsible for CR’s care?

Who do you feel you can really count on for support?

On a scale of 1 to 10, where would you put your need for support in your care giving work?

1 = No Need and 10 = Very High Level of Need
3. CAREGIVER’S RELATIONSHIP TO FORMAL SERVICES

3.1 Would you like to be more involved in decisions around homecare, medical care or other services?  □ Yes □ No

3.2 Do you feel you are getting enough information from professionals about CR’s health problems or condition?  □ Yes □ No

3.3 In your relationships with professionals do you encounter any problems due to language, culture, lifestyle choices, values, etc.?  □ Yes □ No
If yes, specify: ____________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________

4. HOUSING/TRANSPORTATION

4.1 Does the CG live with the CR?  □ Yes □ No
If no, approximate distance between CG’s and CR’s residences. _________________________________________________________________
Who else lives with CG? _________________________________________________________________

4.2 What difficulties, if any, do your living or housing arrangements cause?  _________________________________________________________________
__________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________

4.3 What difficulties, if any, do you have concerning the condition of your /CR house as it relates to care giving? ________
__________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________

4.4 Does the fact you live in an area (rural, small town, suburban, urban) create any problems for you with regard to your caring role?  □ Yes □ No
If yes, specify. ____________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________

4.5 Do you foresee any changes in your living arrangements in the next year because of the care you provide to CR?  □ Yes □ No
If yes, specify. ____________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________

4.6 Are there any specific concerns you have about transportation?  □ Yes □ No
If yes, what are they? ______________________________________________________________________________________________________
__________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________
5. JUGGLING RESPONSIBILITIES

5.1 Do you have children? □ Yes □ No
If so, what are their ages? ________________________________________________________________________________________________
Among these, how many do you provide care for? ________________________________________________________________________________________________

5.2 What other responsibilities or commitments do you have (e.g. employment, child care, education, volunteer employment, leisure?)
__________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________

5.3 How do you manage to juggle your responsibilities, commitments and caring for CR?
__________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________

5.4 Have you dropped or do you intend to drop any of your commitments or responsibilities because of your caring role?
□ Yes □ No
If yes, what have you given up? _____________________________________________________________________________________________
__________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________

5.4.1 How has this decision changed or will it change your situation?
__________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________

5.5 How has this decision affected or changed you or your caring role?
__________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________

5.6 FOR EMPLOYED CAREGIVERS ONLY:

5.6.1 How has your work been affected by your care giving role?
__________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________

5.6.2 Have you any concerns about your work?
__________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________

5.6.3 How have adjustments at work affected you or your financial situation?
__________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________
6. **FINANCIAL COSTS OF CAREGIVING**

**PLEASE NOTE THE FOLLOWING TO THE CG:**
- Caregivers often assume many costs associated with care, and for some, these costs can be a source of considerable difficulty. However, money can be a delicate issue.
- Caregiver is not obliged to answer any questions if she/he would prefer not to.

### 6.1 Which of the following choices best describes your and CR’s income situation?

- Our income is considered as family income (everything is together).  
- You and CR have separate incomes.  
- Only CR has income.  
- Only CG has income.

6.1.1 Does the situation you described cause any problems for you or for CR?  
- Yes  
- No

If yes, what are they? 
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

### 6.2 Are you having any problems with out of pocket expenses related to caregiving? (E.g. medication, housing expenses, special diet, helpers or services, etc.)

If yes, what are they? 
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

### 6.3 Are there medications, supplies or treatments that CR should have, that she/he or you can’t afford?  
- Yes  
- No

If yes, specify. 
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

### 6.4 Are you aware of financial and tax-related programs, which you or your CR might benefit from?  
- Oui  
- Non
7. PERSONAL HEALTH

7.1 Do you have any specific medical or mental health conditions? ______________________________________________________
__________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________

7.2 Is your physical health:

  - Excellent □
  - Good □
  - Fair □
  - Poor □

If fair or poor, how does this affect you? ___________________________________________________________________________________
__________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________

7.3 Is your emotional health or morale:

  - Excellent □
  - Good □
  - Fair □
  - Poor □

If fair or poor, how does this affect you? ___________________________________________________________________________________
__________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________

7.4 Physical Health

7.4.1 Since you have become involved in caring for CR (or in recent years), have there been any negative changes in the following areas:

  - Sleeping □
  - Doctor/Dentist Attention □
  - General Nutrition □
  - Use of Medication and/or Drugs □
  - Headaches □
  - Alcohol Consumption □
  - Backaches □
  - Cigarette Smoking □
  - Tiredness □
  - Weight □
  - Previous Medical Condition □
  - Exercise □

7.4.3 Has your sexual/intimate life changed in any way and how has this affected you? ______________________________________
__________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________

7.5 Emotional Health

7.5.1 Over the past few months, have you experienced any of the following feelings?

  - Boredom □
  - Feeling Unappreciated □
  - Nervousness/Worry □
  - Anger □
  - Exhaustion □
  - Feeling Overwhelmed □
  - Isolation/Loneliness □
  - Frustration/Discouragement □
  - Sadness □
  - Loss, Grief or Mourning □
  - Guilt □
  - Depression □
  - Helplessness □
7.5.2 Which of these feelings are related to your care giving?
__________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________

7.5.3 Which of these feelings cause you the biggest concern?
__________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________

7.5.4 Are you able to find ways to relieve these feelings? □ Yes □ No
If yes, how? And is this enough?
__________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________

7.5.5 Have you recently had a major stress in your life such as the death, job loss, divorce or illness? □ Yes □ No
If yes, specify. And how this affected you?
__________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________

8. CAREGIVER—CARE RECEIVER—FAMILY RELATIONSHIPS

8.1 Has your relationship to CR changed since you have started assuming responsibility for his/her care (or in the past 5 years)? □ Yes □ No
If yes, how?
__________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________

8.2 Are there areas of tension between you and CR regarding the care you provide?
□ Yes □ No. If no, go to 8.3.
8.2.1 If yes, what are they and how do they affect you?
__________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________

8.3 Do you experience difficulties because of certain behaviors or needs of CR like:

- Shouting, Sexual Gestures or Other Inappropriate Behaviors □
- Being Uncooperative □
- Memory Problems or Troubles Understanding Others □
- Verbally Aggressive □
- Wandering off □
- Physically Aggressive □
- Repeating Self □
- Sexually Aggressive □
- In Need of Much Attention □

8.3.1 How does this affect you?
__________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________
8.4 Do you feel you need assistance dealing with these behaviors?  □ Yes  □ No

8.5 Is there tension between you and other family members (spouse, siblings, children) or close friends about the care you provide for CR?  □ Yes  □ No

8.5.1 If yes, what are they and how do they affect you?

______________________________________________________________________________________________________________________

8.6 Has your relationship with other family members (spouse, siblings, children) or close friends changed because of your role in caring for CR?  □ Yes  □ No

If yes, in what ways?

______________________________________________________________________________________________________________________

8.7 Do you feel appreciated for the work you do?  □ Yes  □ No

8.7.1 If yes, who do you receive appreciation from?  
Care Receiver □  Relative □  Service Provider □  Others [specify who] □  

______________________________________________________________________________________________________________________

8.7.2 If no, how does this make you feel?

______________________________________________________________________________________________________________________

8.8 What is the most rewarding thing for you about caring for CR?

______________________________________________________________________________________________________________________

8.9 What qualities and personal strengths do you bring to your caring role?

______________________________________________________________________________________________________________________

______________________________________________________________________________________________________________________

______________________________________________________________________________________________________________________

______________________________________________________________________________________________________________________

9. PLANNING ISSUES, CRISSES AND THE FUTURE

PLEASE NOTE THE FOLLOWING TO CG:

• A crisis situation refers to a sudden, unexpected change, while future care refers to planning.

9.1 How do you deal with a crisis situation?

______________________________________________________________________________________________________________________

______________________________________________________________________________________________________________________

______________________________________________________________________________________________________________________

______________________________________________________________________________________________________________________

______________________________________________________________________________________________________________________
9.2  Do you have a plan in place to deal with the following crises?

Sudden Deterioration of the Situation/Sudden Increase in CRs’ Needs  □ Yes  □ No
If yes, specify. _________________________________________________________________

Being Suddenly Unable to Provide Care.  □ Yes  □ No
If yes, specify. _________________________________________________________________

CR Wanders or Gets Lost (If Applicable).  □ Yes  □ No
If yes, specify. _________________________________________________________________

CR Attempts Suicide.  □ Yes  □ No
If yes, specify. _________________________________________________________________

Need for Sudden Evacuation.  □ Yes  □ No
If yes, specify. _________________________________________________________________

9.3  Have you discussed with CR the current or future legal aspects of your care giving role, such as wills, guardianship, power of attorney, advance directives?  □ Yes  □ No

9.4  Do you have any plans in place for the future care of CR?  □ Yes  □ No

9.5  Do you have any specific worries about the future with regards to your caring?  □ Yes  □ No
If yes, specify. _________________________________________________________________

9.6  Thinking about the future, and given all that you have said about the impacts of caring on your life, do you think you have the mental energy and strength necessary to continue caring for CR?  □ Yes  □ No

Comments _________________________________________________________________

9.6.1 If yes, what do you need in terms of skills or support to help you continue caring for CR?

Comments _________________________________________________________________

9.6.2 If no, which of the following best represents the changes that you would like to see?

I WOULD LIKE...

Share my responsibilities with formal service providers.  □
Share my responsibilities with other family members.  □
Consider moving CR to a residence or alternative housing.  □
Consider moving CR to a long term care facility.  □
Reduce significantly my care responsibilities but remain involved.  □
Discontinue my involvement in CR’s care.  □
9.7 Because caregivers may not be aware of all the resources and services that can be available to them, here is a list of potential supports that may be useful to you. If it was possible to have access to all the following services which would be most useful to you in your caring role?

- Information
- Prescriptions Assistance
- Training for Specialized Tasks That You Assume
- Support for Emergencies
- Training/Organizing Support Workers
- Support Groups
- Nutritional Services
- Counseling (Individual or Family)
- Homemaker Services
- Religious/Spiritual Advisor
- Nursing Care
- Legal Services/Notary Public
- OT/PT/Rehab Services
- Financial Aid/Benefits
- Medical Assistance/Specialist Services
- Housing Assistance
- Professional Assistance with Arranging Services
- Transportation Services
- Equipment/Home Adaptation
- Helping in Considering Supported Living/Placement
- Respite
- Abuse Services
- Adult Daycare
- Other, specify.

Comments ______________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________

9.8 Of everything you have named, what would be the most helpful for you? _____________________________________________
__________________________________________________________________________________________________________________________

9.8.1 Which of these resources and services will ensure that you take time just for yourself? ____________________________________
__________________________________________________________________________________________________________________________

9.9 Would you like to be involved in the following?

- Represent caregivers on agency committees. □
- Be involved in advocacy groups for caregivers. □
- Be part of groups consulted on government policy concerning caregivers. □
- Be involved in research on care giving. □
- Other, specify. ___________________________________________________________________________________________________________

9.10 Is this the first opportunity you have had to really discuss your situation? __________________________________________
__________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________

10. OTHER INFORMATION

10.1 We have covered all of the areas in the C.A.R.E Tool but is there anything else we should know about you, about CR or your family which that would help us understand your situation? For example, with regard to family dynamics, cultural background or religion beliefs?
__________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________
C.A.R.E. TOOL SUMMARY SHEET

Summary of Situation

__________________________________________________________________________________________________________________________

<table>
<thead>
<tr>
<th>ASSESSMENT AREA</th>
<th>DEGREE OF DIFFICULTY</th>
<th>POTENTIAL FOR DETERIORATION</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>NONE</td>
<td>LITTLE</td>
</tr>
<tr>
<td>CAREGIVING WORK</td>
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<tr>
<td>Physical/Nursing Care</td>
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<td>Supervision and Support of CR</td>
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<td>Coordination</td>
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<tr>
<td>HELP RECEIVED FROM OTHERS (INFORMAL &amp; FORMAL)</td>
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<td>RELATIONSHIP WITH FORMAL SERVICE PROVIDERS</td>
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<td>RELATIONSHIP WITH FAMILY MEMBERS</td>
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<tr>
<td>PLANNING FOR FUTURE</td>
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</tbody>
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KEY AREAS OF CONCERN

RECOMMENDED INTERVENTIONS

IDENTIFIED BY

CG*: Caregiver  A**: Assessor

Is caregiver interested in continuing to provide care?  □ Yes  □ No
If yes, under which conditions?  ________________________________________________________________

Date of Reassessment:  ________________________________________________________________