Texas Department of Aging and Disability Services
Access & Intake/Area Agencies on Aging

Instructions for completing the Caregiver Assessment Questionnaire

Background

Senate Bill (SB) 271, 81st Legislature, Regular Session, 2009, relating to informal caregiver support services, directs the Department of Aging and Disability Services (DADS) to:

- raise awareness of services available to caregivers;
- perform outreach functions to informal caregivers; and
- gather information about the needs of caregivers through:
  - collection of profile data on informal caregivers;
  - provision of caregiver referral to support services when appropriate; and
  - implementation of a standardized caregiver assessment tool to evaluate the needs of caregivers.

SB 271 requires DADS to use the information collected to refer informal caregivers to available support services and to:

- evaluate the needs of assessed informal caregivers;
- measure the effectiveness of certain informal caregiver support interventions;
- improve existing programs;
- develop new services as necessary to sustain informal caregivers; and
- determine the effect of informal caregiving on employment and employers.

SB 271 also requires DADS to coordinate with Area Agencies on Aging (AAA) to develop and implement a protocol to evaluate the needs of certain informal caregivers. The protocol must provide guidance on the type of caregivers who should receive an assessment and include the use of a standardized assessment tool.

In collaboration with AAAs and Community Services and Program Operations Section of DADS, the Access and Intake/Area Agencies on Aging Section has developed the Caregiver Assessment Questionnaire (CAQ) which incorporates a caregiver profile being implemented by LTSS staff throughout Texas.
Requirements

A. Types of Caregivers to be Assessed

The CAQ must be completed for all caregivers receiving Care Coordination or Caregiver Support Coordination funded through Title III-E of the Older Americans Act (OAA). For example, Respite Vouchers or authorization of Adult Day Care occurs under Care Coordination or Caregiver Support Coordination so the completion of the Caregiver Assessment is required for caregivers receiving these services under Title III-E.

B. Standardized Assessment Tool

The CAQ is used to:

- collect various types of data designed to evaluate the needs of informal caregivers;
- collect data in a uniform manner from all AAAs; and
- provide consistent caregiver data to DADS for evaluation.

The CAQ is designed to meet the requirements of SB 271. The information collected will be analyzed and will be included in DADS’ report to the governor and the Legislative Budget Board. DADS is required to submit this report in December of each even-numbered year, beginning December 1, 2012.

Completing the Paper Form

The CAQ is required to be completed at intake when Care Coordination or Caregiver Support Coordination is identified as a need for a caregiver requesting assistance. The CAQ must be completed for each unduplicated caregiver based on the state fiscal year.

This form may be completed by AAA staff during a face-to-face interview or by telephone. The AAA staff must discuss the questions with the caregiver. The caregiver may not be requested to complete the form by themselves and return the form to the AAA.

A. Question Sensitivity

Staff may find it awkward to ask certain questions on the CAQ. While understandable, all questions must be asked and a response recorded for each. It is not acceptable to skip a question. If an individual seems resistant to answering any of the questions, do not insist on a response. Simply document the individual refused to answer and continue to the next question.
B. Caregiver Employment

Check boxes have been provided as a means to record the ways caregiving responsibilities have affected the caregiver’s employment. After asking the open-ended question, staff should listen to the caregiver’s comments and check all of the boxes that apply. Interviewers are not expected to read aloud each possible response to the employment question; however, the list can be used as a prompt if the responder is unsure how to answer. If the individual seems uncertain, read aloud the response category headings. For example, “has caregiving affected your employment schedule, pay, leave, performance, or work relationships?” If further clarification is necessary considering asking: “For example, have you had to take extra leave or change your work schedule to meet your caregiver responsibilities?”

C. Caregiver Stress Interview

In this section, check boxes have also been provided as a means to record the level of stress a caregiver may be feeling because of caregiving responsibilities. Engaging in a dialogue with the caregiver can be an effective way to determine the level of stress a caregiver is experiencing for a given area. Ask open-ended questions. Approaching this area in a conversational manner can alleviate discomfort in asking these questions for both the staff and the caregiver.

It is important to keep in mind the most complete and accurate information gained while completing the CAQ will result in DADS’ best analysis on a statewide level for reporting to the governor and Legislative Budget Board. More importantly, the AAA staff discussion with the caregiver may identify the best ways to help serve the caregiver.

**Entering the CAQ Responses into SAMS**

Each AAA is required to enter the CAQ responses into SAMS using the assessment function. The assessment document in SAMS mirrors the questions and responses on the paper form. The AAA is not required to complete a paper form if the environment allows for direct entry of the responses into SAMS.
<table>
<thead>
<tr>
<th>Caregiver Assessment</th>
<th>Date:</th>
</tr>
</thead>
</table>

1. Caregiver’s first name: |
2. Caregiver’s last name: |
3. Care recipient’s first name: |
4. Care recipient’s last name: |
5. Caregiver’s relationship to care recipient: |
   - Child
   - Friend
   - Grandchild
   - Grandparent
   - Life Partner
   - Neighbor
   - Other Relative
   - Other Non-Relative
   - Sibling
   - Son/Daughter-in-Law
   - Spouse
   - Refused to Answer

6. Caregiver Demographics and Living Arrangement |
   a. Marital Status: |
   b. Hispanic Origin: |
   c. Race: |
   d. Lives with care recipient: |

7. Assessment Time Start: |
8. Assessment Time End: |
9. Total Time: |

<table>
<thead>
<tr>
<th>Caregiver Needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>10. Were you aware of the caregiver support resources prior to making this contact?</td>
</tr>
</tbody>
</table>

11. **If YES**, have you received caregiver support services in the past? | Yes | No |

12. **If NO**, what prompted you to seek help now? |

13. Do you have concerns about receiving the caregiver support? (Check all that apply) |
   - Care recipient reluctant to accept outside help
   - No one else can provide care as well as I do
   - Do not trust service providers in the home
   - Other |

14. If “Other” was indicated above, please describe: |

<table>
<thead>
<tr>
<th>Caregiver Profile</th>
</tr>
</thead>
<tbody>
<tr>
<td>15. Are you paid to provide care for [care recipient’s name]?</td>
</tr>
<tr>
<td>16. Are you the only non-paid person providing care to [care recipient’s name]?</td>
</tr>
<tr>
<td>17. How long have you provided care for [care recipient’s name]?</td>
</tr>
<tr>
<td>18. How often do you provide care to [care recipient’s name]?</td>
</tr>
</tbody>
</table>
   - Weekly
   - Monthly
   - Less than Once per Month
   - Refused to Answer |
| 19. Do you have children under the age of 18? | Yes | No |
| 20. Are you also providing care to any other individuals? | Yes | No |
| 21. Is there anyone you can call on in an emergency to fill in for you as a caregiver? | Yes | No |
| 22. Distance to care recipient’s home: (Select one) |
   - 0 – 10 miles
   - 11 – 40 miles
   - 41 – 100 miles
   - Over 100 miles
   - Refused to Answer |
| 23. Do you have a chronic health condition or have you experienced a recent health crisis? (If No, go to question 25) |
| 24. Has this health condition affected your ability to care for [care recipient’s name]? |
| 25. Caregiver’s health condition/crisis: | Yes | No |
## Caregiver Skills and Training Assessment

28. Which of the following tasks do you assist the care recipient with? (Check all that apply)

<table>
<thead>
<tr>
<th>Task</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal care tasks (ADLs)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Homemaker chores (IADLs)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transportation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Managing finances</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

29. Other (describe):

30. If [care recipient’s name] has a chronic disease or condition, how knowledgeable do you feel about this disease or condition?  

<table>
<thead>
<tr>
<th>Knowledgeable</th>
<th>Very</th>
<th>Somewhat</th>
<th>Not at all</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

31. Do you need information, education and/or training about the following? (Check all that apply)

<table>
<thead>
<tr>
<th>Training Need</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>How to care for yourself while caring for others</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How to provide care to an aging individual</td>
<td></td>
<td></td>
</tr>
<tr>
<td>More information about care recipient’s disease/condition</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How to get other family members to help</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home safety and/or home modifications, or equipment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Legal and financial issues, powers of attorney, living will</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Long-term care options (insurance and/or other benefits)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

32. Other, please describe:
**Caregiver’s Name:**

**Date:**

**Care Recipient’s Name:**

### Caregiver Stress Interview

33. Do you find caring for [care recipient’s name] to be stressful?  
- Yes  
- No  
- Refused to Answer

34. Would you rate your stress level as:  
- Low  
- Moderate  
- High  
- Refused to Answer

<table>
<thead>
<tr>
<th>Check the response that best describes how you feel:</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Agree nor Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>Refused to Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>35. I feel a sense of satisfaction helping [care recipient’s name].</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>36. I am confident about providing care to [care recipient’s name].</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>37. Caring for [care recipient’s name] while trying to meet other responsibilities for my family or work is causing increased stress.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>38. I feel a sense of obligation to provide care.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>39. My health has suffered because of my involvement with providing care.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>40. My finances are strained because I provide care.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>41. I could do a better job of caring for [care recipient’s name].</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

42. What do you do to cope with the stress related to the challenges of caregiving? Describe:

43. Is this working to help relieve stress?  
- Yes  
- Somewhat  
- Not at all

### Caregiver Priority Status (check all that apply)

- Providing care to a person with Alzheimer’s disease or related dementia
- Grandparents or older relative caregivers who are 55+, who are providing care for children with severe disabilities

### Optional targeting categories (check all that apply)

- Caregiver recently hospitalized
- Care recipient requires assistance with three or more ADLs
- Care recipient recently hospitalized
- Caregiver’s income is at or below federal poverty level
- Caregiving is likely to continue indefinitely
- Caregiver is caring for more than one person
- Care recipient is at risk for institutionalization
- Other:
- Caregiver has chronic health condition or has had a recent health crisis
- Notes:

---

**Care Coordinator’s Name**