

# Nevada Care Connection

Date of Intake completed: \_\_\_\_\_

## Caregiver Intake

<b>Name:</b> _____		<input type="checkbox"/> Male	<input type="checkbox"/> Female
<b>Date of Birth:</b> _____	<b>Phone:</b> (     ) _____	<b>Email:</b> _____	
<b>Physical Address:</b> _____	<b>Mailing Address:</b> _____		

## Person in your care Information

**Person in your Care: Name:** \_\_\_\_\_

**Enrolled w/ ADRC:**  Yes  No

<b>Age Range:</b> <input type="checkbox"/> 0-3 <input type="checkbox"/> 4-17 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-39 <input type="checkbox"/> 40-64 <input type="checkbox"/> 65 and older	<b>Veteran Status:</b> <input type="checkbox"/> None <input type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Veteran Dependent
<b>Gender:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male	<b>Ethnicity:</b> <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino
<b>Does he/she have a diagnosed dementia (i.e. Alzheimer's, dementia, Vascular dementia, etc.)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Specify diagnosis:</b> If yes, what stage of dementia? <input type="checkbox"/> Early <input type="checkbox"/> Mild/Middle <input type="checkbox"/> Severe <input type="checkbox"/> Unknown If no, are you concerned about dementia or a memory impairment? <input type="checkbox"/> Yes <input type="checkbox"/> No	

## Caregiving Information

**Please select the choice that best reflects caregiver's role.**

- Yes, provides *care regularly*. (Refer to respite)
- Yes, provides assistance *occasionally, or as requested*. (Refer to respite)
- No, does not provide support at a distance, due to not being physically present to provide assistance.
- No, does not personally provided any assistance, but knows he/she has a need for some support.
- No, does not personally provided any assistance, but has an increasing concern about his/her ability to manage things without help.
- No, currently does not provide any type of direct care, support, or assistance.
- None of the above. Statement (optional): \_\_\_\_\_

**How long have you been giving extra care and assistance to the person identified above? Give an approximate length of time.**

- Initial Request     < 1 year     1-5 years     6-10 years     > 10 years

**How has giving care or assistance impacted your life? Please select all statements that apply to caregiver.**

- The care recipient is now living in my home, so I can provide care.
- I now live in the care recipient's home, so I can provide care.
- I often or regularly go to the care recipient's home to provide care, as I do not live with the care recipient.
- I live in rural or frontier areas of Nevada where resources are limited.
- I am providing support at a distance, so it's difficult to arrange.
- I have taken leave from work or reduced hours at work to meet their needs or provide care.
- I have felt worried, anxious or depressed since I began to provide care or support.
- The demands of care giving are increasing, and I am struggling to meet them.
- The care recipient cannot be safely left alone for extended periods of time.
- Other (explain): \_\_\_\_\_

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**What tasks do you perform as a caregiver? Select all that apply.**

- Transportation
  Shopping  
 Personal Care
  Medical (medication administration, etc.)  
 Financial Management/Assistance
  Overall Management  
 Other, please specify: \_\_\_\_\_

**Are you providing care to more than one person? (i.e. children, grandchildren, and/or other adults?)**  Yes  No

If yes, give the ages of all the people you provide care to:

- 0-3 \_\_\_\_
  4-17 \_\_\_\_
  18-24 \_\_\_\_
  25-39 \_\_\_\_
  40-64 \_\_\_\_
  > 65 \_\_\_\_

## Caregiver Burden Interview

Do you feel...?	Never (0)	Rarely (1)	Sometimes (2)	Quite Frequently (3)	Nearly Always (4)
That because of your time you spend with your relative that you don't have enough time for yourself?					
Stressed between caring for your relative and trying to meet other responsibilities (work/family)?					
Angry when you are around your relative?					
That your relative currently affects your relationship with family members or friends in a negative way?					
That your health has suffered because of your involvement with your relative?					
That you don't have as much privacy as you would like because of your relative?					
That your social life has suffered because you are caring for your relative?					
That you have lost control of your life since your relative's illness?					
Uncertain about what to do about your relative?					
You should be doing more for your relative?					
You could do a better job in caring for your relative?					

