The Rosalynn Carter Institute Family Caregiver Assessment is an instrument specifically designed to assess the psycho-social needs of family caregivers. It should be used by professionals providing services or assistance to families in which there are persons with serious illnesses or disabilities.

The following instructions are intended to guide effective use of the RCI-FCA. The instrument should be used in the manner considered most helpful and appropriate by the professional interviewing the family caregiver.

The RCI Family Caregiver Assessment is divided into two sections: Part I - Screening Interview, and Part II - Family Assessment/Community Supports.

If time is limited, the interviewer may wish to complete Part I on the initial visit with the family caregiver and follow-up at another time with Part II.

**Instructions for Part I – Screening Interview**

Section A is a profile of the family caregiver. Ensure that this information is solely about the family caregiver being interviewed.

Section B is a profile of the care recipient and provides information about the caregiving situation. Prompt the family caregiver for complete information, as needed.

**Instructions for Part II – Family Assessment/Community Supports**

The Family Assessment section seeks to gather all pertinent information about the caregiver’s immediate family, including other family members who may be assisting with the care of the care recipient identified in Part I. Section B. If other family members are not currently assisting the caregiver, seek to clarify the reasons for their lack of support of the caregiver.

In the Community Supports section, have the caregiver list any person or agency currently assisting them with the care of his/her loved one, including specific information about type and frequency of assistance provided.

The information you gather using the RCI Family Caregiver Assessment will help guide you in providing the assistance that will be of the most help in alleviating current concerns, distress, and worry in the family caregiver, thereby enhancing her/his ability to provide a high quality of care over a long period of time.
PART I - SCREENING INTERVIEW

Section A - Caregiver Profile

1. Name: ____________________________________________________________

2. Address: __________________________________________________________________________________


6. Phone: (H) _____________________________ 7. (W) _____________________________

8. Age: _______________

9. Gender:  □ Male  □ Female

10. Ethnicity / Race (Allow caregiver to identify his/her own ethnicity.)
    □ African - American □ Hispanic □ American Indian
    □ Caucasian □ Asian □ Other _____________________________

11. Marital Status
    □ Married □ Separated/Divorced □ Widowed □ Single

12. Health Status
    □ Good □ Fair □ Poor
    Illnesses/disabilities: _____________________________________________________________

13. Employment Status:
    Employed: □ F/T □ P/T □ Retired □ Homemaker □ Student
    □ Other (please specify: _____________________________)

14. Housing
    □ Owns home □ Rents: □ house □ apartment
    □ Bedrooms or beds available
    □ Other (Please specify) _____________________________

    Living environment: ____________________________________________________________
15. Mobility

☐ Drives own car  ☐ Dependent on public transportation  ☐ Dependent on family and/or friends
☐ Other (please specify): ________________________________.

16. Leisure activities/hobbies:

________________________________________________________________________________________
________________________________________________________________________________________

Section B – Care Recipient Profile and Caregiving Situation

1. Information about Care Recipient
   a. Name: ____________________________________________
   b. Age: _______  c. Gender: ☐ Male  ☐ Female
   d. Ethnicity/Race
      ☐ African-American  ☐ Hispanic  ☐ Native American
      ☐ Caucasian  ☐ Asian
   e. Relationship to Caregiver: ________________________________
   f. Length of Time Caregiver has been Caring for Care Recipient: _________________
   g. Health Status of Care Recipient

      (1) Illness/disability: ________________________________
      (2) Ability to perform activities of daily living (walking, dressing, eating, bathing, grooming, continence, etc.)
         ☐ Able to perform without assistance
         ☐ Limited ability - requires assistance
         ☐ Unable to perform without assistance
      (3) Ability to perform instrumental activities of daily living (managing money, telephoning, preparing meals, laundry, housework, getting out of the house, following directions for their health care, etc.)
         ☐ Able to perform without assistance
         ☐ Limited ability - requires assistance
         ☐ Unable to perform without assistance
      (4) Does this person have a: (Check all that apply.)
         ☐ Living will
         ☐ Do not resuscitate order
         ☐ Organ donor card
         ☐ General power of attorney
         ☐ Durable power of attorney for health care
2. Types of Services Most Often Provided by Caregiver

☐ Physical - bathing, dressing, etc.
☐ Social - visits, telephone, shopping/errands
☐ Emotional _____________________________________________________________
☐ Financial ______________________________________________________________
☐ Other (specify): _______________________________________________________

3. Average Number of Hours Spent per Week/Month Giving Care: ___________ Hours

4. Primary Caregiving Location

________________________________________________________________________

5. How did you become the caregiver for this person? __________________________

________________________________________________________________________

________________________________________________________________________

PART II - FAMILY ASSESSMENT/COMMUNITY SUPPORTS

1. Who are the persons living at home, other than care recipient? (If person lives alone, go to #3.)

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<tr>
<th>Relationship to caregiver</th>
<th>Age</th>
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2. Was your decision to become a caregiver discussed with all family members (and others) living in the home?

☐ Yes  ☐ No

3. What kinds of changes in your home life have you and your family experienced as a result of you becoming a caregiver?

________________________________________________________________________
4. How have you and your family responded to these changes?
_____________________________________________________________________________________________
_____________________________________________________________________________________________

5. How do the family members (and others) in your home support you in your caregiving activities?
_____________________________________________________________________________________________
_____________________________________________________________________________________________

6. Who are the family members living outside the home? (If there are no other family members, go to #12.)

<table>
<thead>
<tr>
<th>Relationship to caregiver</th>
<th>Age</th>
<th>Distance from caregiver</th>
<th>Frequency of contact</th>
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7. Was the decision for you to become the caregiver discussed with these other family members outside the home?
   □ Yes  □ No
   a. If yes, was everyone in agreement or did anyone disagree with your decision?
   _______________________________________________________________________________________
   _______________________________________________________________________________________
   If there was disagreement, how was it handled?
   _______________________________________________________________________________________
   _______________________________________________________________________________________
   b. If no, was there a reason why it was not discussed?
   _______________________________________________________________________________________
   _______________________________________________________________________________________

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8. How do other family members support you in your caregiving activities?

__________________________________________________________________________________________

__________________________________________________________________________________________

9. If you were no longer able to be the caregiver for the person you are caring for:

a. Who would be able to take over your responsibilities (please provide name)?

______________________________________________________________________________________

b. Have you and this person discussed the possibility that they may become the caregiver?

☐ Yes  ☐ No

c. Have you discussed with the care receiver what they would like to happen in the event you are no longer able to be the caregiver?

☐ Yes  ☐ No

d. Is everyone in the family aware of the care receiver’s wishes or what they wish will happen if you are no longer able to be the caregiver?

☐ Yes  ☐ No

10. Community Supports

<table>
<thead>
<tr>
<th>Supports</th>
<th>Frequency of contact</th>
<th>Activity/Service</th>
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<tbody>
<tr>
<td>Friends</td>
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<td>Neighbors</td>
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<tr>
<td>Members of religious group</td>
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<tr>
<td>Social service agencies</td>
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<tr>
<td>Health care workers</td>
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<tr>
<td>Other:________________</td>
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</tbody>
</table>

11. If a change in your life caused you to need extra help, to whom would you turn first?

☐ family at home

☐ other family members

☐ friends/neighbors

☐ church/synagogue/mosque

☐ professional service providers

☐ other (Please specify): ______________________________________

☐ don’t know
12. What have you found to be the most rewarding as a caregiver?

_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

13. What causes the greatest frustration for you as a caregiver?

_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

14. What is the most important caregiving issue you are dealing with now?

_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________