

Client name:

Date:

DEMENTIA CAREGIVER INTERVIEW GUIDE (D-CIG)

High Risk Caregiver Definition: The caregiver’s well-being is in jeopardy and/or the care being provided is deteriorating. There is high risk for the impending failure of the caregiver to continue to provide the current level of care. <i>Adapted from Guberman, Keefe, Fancey, Nahmiash & Barylak, 2001</i>							Intensity of problem		
							Low	Med	High
(1) Is the amount or length of time spent in the caregiving role a problem? (e.g., Number of years providing care or intensity of time providing care)							L	M	H
(2) Care-recipient (CR) Characteristics: Check all that apply									
Physical Issues							L	M	H
<input type="checkbox"/> Decline in ADLs and IADLs*	<input type="checkbox"/> Disrupted sleep		<input type="checkbox"/> Substance use						
<input type="checkbox"/> Other chronic illness	<input type="checkbox"/> Other acute illness								
Dementia-specific Issues							L	M	H
<input type="checkbox"/> Apathy	<input type="checkbox"/> Wandering/ Restlessness		<input type="checkbox"/> Aggression (verbal or physical)						
<input type="checkbox"/> Depression	<input type="checkbox"/> Sexually inappropriate behaviour		<input type="checkbox"/> Poor social skills						
<input type="checkbox"/> Poor communication	<input type="checkbox"/> Delusions/ Hallucinations		<input type="checkbox"/> Vocalizations						
(3) Caregiver (CG) Characteristics: Check all that apply									
Psychological Characteristics							L	M	H
<input type="checkbox"/> Low self-confidence in CG tasks	<input type="checkbox"/> Guilt	<input type="checkbox"/> Poorly defined sense of self separate from the CR							
<input type="checkbox"/> Poor mastery of CG tasks	<input type="checkbox"/> Suicidal ideation	<input type="checkbox"/> Lack of management/ Organizational skills							
<input type="checkbox"/> Symptoms of depression	<input type="checkbox"/> Substance abuse	<input type="checkbox"/> Coping through emotional reasoning or avoidance							
<input type="checkbox"/> Symptoms of anxiety	<input type="checkbox"/> Anger	<input type="checkbox"/> Interfering personality characteristics							
<input type="checkbox"/> Feeling trapped in the CG role			<input type="checkbox"/> Psychiatric history (e.g., depression, anxiety)						
<input type="checkbox"/> Low resilience to CG stress			<input type="checkbox"/> Challenging relationship history between CR & CG						
Barriers to Change							L	M	H
<input type="checkbox"/> Ambivalence or denial of need	<input type="checkbox"/> Resistance to use resources		<input type="checkbox"/> Pressure from cultural group						
<input type="checkbox"/> Stigma/ Shame	<input type="checkbox"/> Afraid of change								
Physical Issues							L	M	H
<input type="checkbox"/> Chronic illness/ Physical frailty	<input type="checkbox"/> Acute illness		<input type="checkbox"/> Cognitive impairment						
<input type="checkbox"/> Over 65 years old	<input type="checkbox"/> Disrupted sleep								
Dementia-specific Issues							L	M	H
<input type="checkbox"/> Poor knowledge of dementia	<input type="checkbox"/> Inaccurate beliefs about care recipient’s behaviour								
(4) Environment: Check all that apply									
Support							L	M	H
<input type="checkbox"/> Family discord	<input type="checkbox"/> Lack of support (formal or informal)		<input type="checkbox"/> Poor program availability						
<input type="checkbox"/> Lack of respite	<input type="checkbox"/> Transportation		<input type="checkbox"/> Long wait-times for services						
Resources							L	M	H
<input type="checkbox"/> Financial stress	<input type="checkbox"/> Employment stressors/ Job-Caregiving conflict								
<input type="checkbox"/> Legal issues	<input type="checkbox"/> Caregiver responsible for multiple households/ Multiple care recipients								
(5) Barriers to Accessing Resources: Check all that apply							L	M	H
<input type="checkbox"/> Language	<input type="checkbox"/> Poor knowledge of the system		<input type="checkbox"/> Poverty						
<input type="checkbox"/> Cultural group	<input type="checkbox"/> Isolation		<input type="checkbox"/> Low education						
<input type="checkbox"/> LGBT	<input type="checkbox"/> Location/ Access to services		<input type="checkbox"/> Housing uncertainty						
(6) Caregiver-identified Overload:							0-1	2-4	5+
Does the caregiver complain of feeling like (s)he has to do more than (s)he can handle or “stretched to the limit”? How many of the last 7 days?									
Clinical Impression: How concerned are you that the caregiver’s well-being is in jeopardy OR the care being provided will deteriorate if they continue to try to provide the current level of care under the current circumstances?									
No concern	Minimal concern	Mild concern	Moderate concern	Marked concern	Severe concern	Extreme concern	N/A		
Within normal limits			Possible High Risk		Probable High Risk				

* ADLs = Activities of Daily Living: e.g., bathing, toileting, dressing, eating, functional mobility

* IADLs = Instrumental ADLs: e.g., housework, organizing medication, finances, shopping, using a telephone, transportation

Name & Designation

Date