



## Identifying Your Strengths as a Caregiver

This questionnaire is designed to help you provide care for a loved one in a manner that is consistent with your core strengths. Please answer each question, and then total your points for each section. Your top three scores represent your strengths as a caregiver. Transfer your top three scores to the box on the back page, then discuss with others in the care recipient's support network who can best take the lead in each area.

### EMERGENCY MANAGEMENT

	Agree	Somewhat Agree	Disagree
I find it difficult to adjust when things do not go as planned.	0	1	2
When someone asks for assistance, I am usually the first to help.	2	1	0
I am good at organizing things that are not organized.	2	1	0

**TOTAL SCORE:** \_\_\_\_\_

### FINANCIAL MANAGEMENT

	Agree	Somewhat Agree	Disagree
I am uncomfortable working with numbers.	0	1	2
I have no problem handling financial matters.	2	1	0
I am good at balancing financials to cover household expenses.	2	1	0

**TOTAL SCORE:** \_\_\_\_\_

### HOUSEKEEPING

	Agree	Somewhat Agree	Disagree
Completing heavy housework would be difficult.	0	1	2
I don't mind doing light housework.	2	1	0
I enjoy working with my hands.	2	1	0

**TOTAL SCORE:** \_\_\_\_\_

### LAWN WORK

	Agree	Somewhat Agree	Disagree
Communing with nature rejuvenates me.	2	1	0
I find mowing the lawn or shoveling snow tedious and strenuous.	0	1	2
I take pride in gardening and cultivating the earth.	2	1	0

**TOTAL SCORE:** \_\_\_\_\_

## MEAL PREPARATION

	Agree	Somewhat Agree	Disagree
I enjoy cooking a good and nutritious meal.	2	1	0
I find grocery shopping to be frustrating and time consuming.	0	1	2
Others frequently say they enjoy the meals I prepare.	2	1	0

TOTAL SCORE: \_\_\_\_\_

## MEDICATION MANAGEMENT

	Agree	Somewhat Agree	Disagree
I would excel at organizing medications for daily use.	2	1	0
I would be comfortable assisting my loved one with taking his or her medication.	2	1	0
I would find it difficult to research uses, side effects, and possible drug interactions.	0	1	2

TOTAL SCORE: \_\_\_\_\_

## PERSONAL CARE

	Agree	Somewhat Agree	Disagree
I would feel uncomfortable performing personal care.	0	1	2
I don't mind assisting with bathing or dressing.	2	1	0
I don't mind assisting with toileting activities.	2	1	0

TOTAL SCORE: \_\_\_\_\_

## CARE TEAM EXERCISE

Assistance Needed	My Score	Primary Contact	Back-up Contact
Emergency Management			
Financial Management			
Housekeeping			
Lawn Work			
Meal Preparation			
Medication Management			
Personal Care			