

## Oregon Caregiver Assessment Risk Scale

The Oregon Caregiver Assessment Risk Scale enables you to understand the risk stage to the Caregiver's well-being in order of protocol. The red \* asterisk within the assessment is an indicator created to track the Caregiver's priority of need for services. Compare your answers within the assessment to the point system below to determine the Caregiver's level of need.

Questions	Score
<p style="text-align: center;"><b><u>Caregiver Information</u></b></p> <p><u>Question #3</u></p> <p>How many people do you provide care for in your household?            1(0 pts) 2(1pt) 3(2pts) <b>4 (3pts)</b></p>	Up to 3
<p><u>Question #4</u></p> <p>Do you provide unpaid care for someone outside the home?  <b>[1] yes</b>    [ ] If yes, how many [ ] No</p>	1 pt
<p><u>Question #5</u></p> <p>How much ADL/IADL do you usually provide for your care recipient each day?            ( For multiple care recipients, add <b>ALL</b> hours of care provided)</p> <p><b>Full Assist (4pts)</b> Substantial Assist(3pts) Minimal(2pts)            Occasional (1pt) Independent (0pts)</p>	Up to 4
<p><u>Question #6</u></p> <p>Is the Care Recipient unable to perform at least two activities of daily living without substantial assistance, including verbal reminding, physical cueing, or supervision?</p> <p><b>[ 1 ]</b> Yes [ ] No</p>	1 pt

<p><u>Question #7</u></p> <p>Can the care recipient be left alone at home?  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>1 pt</p>
<p><u>Question #8</u></p> <p>Is the Care Recipient determined to be functionally impaired?  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>1 pt</p>
<p><u>Question #9</u></p> <p>What is your employment status?</p> <p>Full/part-time work ( 2pts )  <input checked="" type="checkbox"/> Long/Short Term Disability ( 3pts)  Leave of Absence ( 1pt )  Retired/Unemployed ( 0 pt)</p>	<p>Up to 3</p>
<p><u>Question # 10</u></p> <p>Are you (the Caregiver) a veteran?  <input checked="" type="checkbox"/> Yes ( 1 pt )  <input type="checkbox"/> No ( 0 pt )</p>	<p>up to 1 pt</p>
<p><u>Question # 11(a)</u></p> <p>According to the Federal Poverty Guidelines, are you-</p> <p><input checked="" type="checkbox"/> At or below 100% FPL ( 1pt)  <input type="checkbox"/> Above 100% FPL ( 0 pt )</p>	<p>Up to 1 pt</p>
<p style="text-align: center;"><b><u>Informal Support</u></b></p> <p><u>Question # 13</u></p> <p>How satisfied are you with the support of your family/friends/others to assist you at home with your</p>	<p>Up to 2</p>

<p>Caregiver responsibilities?</p> <p><b>Very dissatisfied ( 2 pts )</b></p> <p>Dissatisfied ( 1 pt )</p> <p>Satisfied ( 0 pt )</p> <p>Very Satisfied ( 0 pt )</p>	
<p><u>Question # 15</u></p> <p>If nobody helps you provide care, are there others who could assist you in the future?</p> <p>Yes ( 0 pt )</p> <p><b>No ( 1 pt )</b></p> <p>Not applicable</p>	Up to 1 pt
<p><u>Question # 16</u></p> <p>Choose one of the following to define your physical health?</p> <p>Good ( 0 pt )</p> <p>Fair ( 1 pt )</p> <p>Poor <b>( 2 pts )</b></p>	Up to 2 pts
<p><u>Question # 19</u></p> <p>How would you describe your stress level?</p> <p>Very little ( 0 pt )</p> <p>Moderate stress ( 1 pt )</p> <p>High ( 2 pts )</p> <p><b>Maximum stress ( 3 pts )</b></p>	Up to 3
<p><b><u>Care Recipient Information</u></b></p> <p><u>Question # 21</u></p> <p>Which of the following existing concerns does the care</p>	Up to 15

recipient experience? i. Alzheimer's disease and/or related disorder/ Neurological or brain dysfunction ( 3 pts) ii. Behavioral Challenges (1 pt) iii. Emotional Challenges (1 pt) iv. Geographic Isolation (2 points) v. Intellectual/Developmental Disability (1 Point) vi. LGBTQIA2S+ ( 1pt ) vii. Limited English proficiency (1 point) viii. Native Hawaiian/American Indian/Native American (1 pt ) ix. Other minority or marginalized community(1pt) x. Physical Disabilities (1 points) xi. Social Isolation (2 points)	
	<b>Total pts 39</b>

Total prioritized points indicator below:

0 - 10 - Mild/Limited

11-19 - Moderate level

20 -28 - High Level

29 - 39 – Maximum Level

*To be eligible for **respite care or supplemental services**, families of adults aged 60 and older or of individuals of any age with Alzheimer's disease or a related disorder, the individual for whom they are caring must be determined to be functionally impaired because the individual is unable to perform at least two activities of daily living without substantial assistance, including verbal reminding, physical cueing, or supervision.*