

**Attachment 1
Caregiver Status Questionnaire Script**

03-2017

Notes:

Italics represent the actual script.

Non-italics is merely explanatory information.

“Care recipient’s name” indicates the individual who needs care. The interviewer should substitute the name of the individual or the relationship (e.g., “her,” “you,” “Mrs. Jones,” or “your mother”).

“Caller’s Name” is the name of the person who contacted intake staff. This could also be the care recipient, caregiver, or other individual.

“Caregiver’s Name” is the name of the person assisting the care recipient.

“HHSC staff name” is the name of the person talking to the caller.

Brackets indicate the HHSC staff person will have to insert the correct reference.

At the Needs Information screen, ask:

Is there an unpaid neighbor, relative or friend who helps [care recipient’s name] with activities like shopping, tasks around the house, meal preparation, doctors’ visits or personal care?

- If **No** is checked, **Stop**. You will not complete the Caregiver Status Questionnaire.
- If **Yes**, continue.

If there is an unpaid caregiver (who is not the individual being interviewed), ask:

Is the caregiver there with you?

If **Yes**:

After we have completed our interview I would like to talk to [him/her] briefly about resources available to assist caregivers.

If **No**:

May I get the contact information for the person who has been assisting [care recipient’s name]? We would like to follow up with [him/her], not about [care recipient’s name or his/her or your] application for services, but about resources which may be available to assist [caregiver’s name or him/her].

Caregiver Name	Telephone
Address	
City	State ZIP
County:	

Continue with completion of the questionnaire after selecting “Save Intake.”

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To the individual being interviewed:

Earlier you told me [Caregiver's name] is [care recipient's name] caregiver, and [he's/she's] there with you. May I speak to [him/her] now?

If **no longer available**, tell the individual being interviewed:

As I mentioned earlier, we have some information regarding caregiver resources which may be helpful to [caregiver's name]. Please let [him/her] know we will be contacting [him/her].

(**Stop.** You will not complete the remainder of the questionnaire at this time; however, follow up with the caregiver will be necessary.)

If **available**, tell the caregiver:

Thank you for agreeing to talk to me today.

(Proceed to the section following the bullets.)

If contacting the caregiver after the interview:

Hello, this is [HHSC staff name] with the Texas Health and Human Services Commission and I'm calling because [caller's name] told us you assist [care recipient's name] with support activities as needed, such as household chores, shopping, appointments, transportation, etc.

(Proceed to the section following the bullets.)

We understand the difficulty in balancing the demands of everyday life with additional caregiving activities. The support you provide to [care recipient's name] is invaluable. I would like to ask you some questions about your caregiver situation. The Texas Health and Human Services Commission, with direction from the Texas Legislature, is gathering information on the experiences of caregivers. Your information will be used to improve current services and develop additional resources and supports for caregivers throughout the state. Responding to this questionnaire will not affect [care recipient's name] eligibility for services in any way.

If the caregiver indicates he/she would prefer not to respond, thank him/her for his/her time. Mark the box which states: Caregiver declined to answer.

If at any point during the interview the caregiver asks to stop, thank him/her for his/her time. Document the caregiver's inability/refusal to complete the interview in the last box on this questionnaire.