

WAC 388-106-1931 What are the TCARE screening measures? The following six TCARE screening measures and response options will be presented to your caregiver in order to receive step two services and to determine whether a TCARE assessment is needed for step three services:

(1) Identity discrepancy: How much do you agree or disagree with each statement:

(a) The things I am responsible for do not fit very well with what I want to do.

(b) I am not always able to be the person I want to be when I am with my care receiver.

(c) It is difficult for me to accept all the responsibility for my care receiver.

(d) I am having trouble accepting the way I relate to my care receiver.

(e) I am not sure that I can accept any more responsibility than I have right now.

(f) It is difficult for me to accept the responsibilities that I now have to assume.

(2) Relationship burden: Have your caregiving responsibilities:

(a) Caused conflicts with your care receiver?

(b) Increased the number of unreasonable requests made by your care receiver?

(c) Caused you to feel that your care receiver makes demands over and above what they need?

(d) Made you feel you were being taken advantage of by your care receiver?

(e) Increased attempts by your care receiver to manipulate you?

(3) Objective burden: Have your caregiving responsibilities:

(a) Decreased time you have to yourself?

(b) Kept you from recreational activities?

(c) Caused your social life to suffer?

(d) Changed your routine?

(e) Given you little time for friends and relatives?

(f) Left you with almost no time to relax?

(4) Stress burden: Have your caregiving responsibilities:

(a) Created a feeling of hopelessness?

(b) Made you nervous?

(c) Depressed you?

(d) Made you anxious?

(e) Caused you to worry?

(5) Depression: How often have you felt this way during the past week?

(a) I was bothered by things that usually don't bother me.

(b) I had trouble keeping my mind on what I was doing.

(c) I felt depressed.

(d) I felt that everything I did was an effort.

(e) I felt hopeful about the future.

(f) I felt fearful.

(g) My sleep was restless.

(h) I was happy.

(i) I felt lonely.

(j) I could not "get going."

(6) Uplifts: Have your caregiving responsibilities:

(a) Given your life meaning?

(b) Made you more satisfied with your relationship?

(c) Given you a sense of fulfillment?

- (d) Left you feeling good?
- (e) Made you enjoy being with your care receiver more?
- (f) Made you cherish your time with your care receiver?

[Statutory Authority: RCW 74.08.090. WSR 18-08-033, § 388-106-1931, filed 3/27/18, effective 4/27/18.]