

## **C-CAN Tool ®**

**Family members supporting a person moving into long term care settings often experience difficulties. The aim of this self-assessment tool is to offer you insights and help you to identify your needs. It may also help you identify appropriate resources. Please answer the questions as best as you can, even if you're unsure—just pick the option that feels most accurate.**

The C-CAN Tool™ is for informational purposes only, and is not intended to be a substitute for professional medical advice, diagnosis or treatment. You should always seek the advice of a physician or other qualified health care provider with any questions you may have regarding a medical condition.

**1. What is your relationship to the person in the care home?**

**I am a...**

- ☐ Partner
- ☐ Parent
- ☐ Parent-in-law
- ☐ Sibling
- ☐ Child
- ☐ Grandparent
- ☐ Other: \_\_\_\_\_ [please specify]

**2. How long ago did your family member move to a care home?**

- ☐ Less than two weeks
- ☐ Less than a month
- ☐ Four weeks to six weeks
- ☐ Six weeks to two months
- ☐ Two months to three months
- ☐ Three months to six months
- ☐ Over six months

**3. Why did your family member move to a care home?**

- ☐ There was an urgent medical need
- ☐ We have been planning it for a while
- ☐ A spot became available
- ☐ Other: \_\_\_\_\_

**4. How has the move of your family member to this care home affected your financial situation?**

- ☐ Significantly Worse
- ☐ Somewhat Worse
- ☐ Neutral

- Somewhat Better
- Significantly Better

**5. For your age, would you say your health in general is?**

- Excellent
- Very Good
- Good
- Fair
- Poor

**6. Family caregivers often experience prolonged stress, which can have an impact on their mood.**

**In the following question please check off the number of days over the last 2 weeks that you have been impacted by any of the following:**

	Not at all (0)	Several days (1)	More than half the days (2)	Nearly every day (3)
Little interest or pleasure in doing things				
Feeling down, depressed, or hopeless				

**7. Please rate your level of agreement with the following statements:**

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I have more time and energy to focus on my own life and needs after my family member's admission.					

I struggle to balance my own life and responsibilities, with visiting and supporting my family member in the care home.					
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**8. How do you feel you are adapting to the changes to your caregiving role since your family member moved into a care home?**

- ☐ Not well
- ☐ Somewhat well
- ☐ Moderately well
- ☐ Very well
- ☐ Exceptionally well

**9. Which self-care practices are you involved in? (please check all that apply)**

- ☐ Regular exercise
- ☐ Socializing with friends
- ☐ Hobbies/interests
- ☐ Seeking counseling/therapy
- ☐ None
- ☐ Other: \_\_\_\_\_

**10. I have access to supports that help me take care of my own well-being during the move of my family member to a care home (please check all that apply)**

- ☐ Support Groups
- ☐ Counselling or Therapy
- ☐ Technology solutions
- ☐ Educational resources
- ☐ Financial assistance
- ☐ Mentor support
- ☐ Other: \_\_\_\_\_

**11. I would like educational resources that help me (please check all that apply)**

- ☐ Better understand my relative's medical conditions
- ☐ Learn strategies for addressing behavioral or cognitive changes
- ☐ Have meaningful visits with my relative
- ☐ Legal and financial guidance
- ☐ Other: \_\_\_\_\_

**12. I would like to connect with other family caregivers who are going through similar experiences**

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Neither Agree nor Disagree
- ☐ Agree
- ☐ Strongly Agree

**13. Which of the following make it challenging for you to visit your family member?**

**(please check all that apply)**

- ☐ Physical constraints
- ☐ Emotionally difficult
- ☐ Financial constraints
- ☐ Lack of transportation
- ☐ Time constraints
- ☐ Public Health restrictions
- ☐ Visit restrictions due to illness
- ☐ Distance
- ☐ Language
- ☐ Other: \_\_\_\_\_
- ☐ None of the above - I have no challenges visiting my relative

**14. I feel my role as a family caregiver is valued in the care home:**

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

**15. I found the care home's orientation process effective for both myself and my resident during the move to the care home:**

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Neither Agree nor Disagree
- ☐ Agree
- ☐ Strongly Agree