

GRG PRE-SELF ASSESSMENT

For each of the following questions, there are four possible responses. Please choose the answer that mostly describes your response.

I am worried:	(4) Strongly Agree	(3) Agree	(2) Disagree	(1) Strongly Disagree
Raising grandchildren today is more challenging than raising my own children				
I don't have all the information about the young generation to help me better understand my grandchildren				
I don't have all the resource to make sure my grandchildren and I stay healthy				
I don't know where to get the help I need for my grandchildren and myself				
I feel isolated raising my grandchildren alone and have no time for myself				
I'm in need of the following help:				
Pain management				
Food and clothing				
Health care				
Emotional support				
Stress relieve				
Parenting Skill				
Handling grandchildren's challenging behavior				
Supporting my special needs grandchildren				
I'm also in need of help with the following daily living activities:				
Activities of Daily Living (<input type="checkbox"/>None <input type="checkbox"/>All)		Instrumental Activities of Daily Living (<input type="checkbox"/>None <input type="checkbox"/>All)		
<input type="checkbox"/> Eating / Feeding	<input type="checkbox"/> Toileting	<input type="checkbox"/> Shopping	<input type="checkbox"/> Cooking Meals	
<input type="checkbox"/> Dressing	<input type="checkbox"/> Bladder Function	<input type="checkbox"/> Handling Finances	<input type="checkbox"/> Reheating Meals	
<input type="checkbox"/> Bathing	<input type="checkbox"/> Bowel Function	<input type="checkbox"/> Heavy Cleaning	<input type="checkbox"/> Taking medication	
<input type="checkbox"/> Walking	<input type="checkbox"/> Wheeling	<input type="checkbox"/> Light Cleaning	<input type="checkbox"/> Using Phone	
<input type="checkbox"/> Stair Climbing	<input type="checkbox"/> Transferring	<input type="checkbox"/> Using Public Transportation	<input type="checkbox"/> Doing Laundry	
<input type="checkbox"/> Bed Mobility	<input type="checkbox"/> Mobility level	<input type="checkbox"/> Using Private Transportation	<input type="checkbox"/> Heating home	
		<input type="checkbox"/> Keeping Appointments		
Name:		Date:		