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**GDGC's Elder Care Employee Benefit Program
TAWC: Tools and Advice for Working Caregivers**

Work-Life Survey

Name _____ E-Mail _____ Phone _____

1. Do you anticipate needing to provide care or assistance to an aging loved one in the next five years?
Yes No
2. Are you currently caring for an aging loved one? Yes No
3. How old is your loved one(s)? _____
4. What is his/her relationship to you? _____
5. About how many miles away from you does your loved one live? _____
6. On average, about how many hours do you spend each week caring for your aging loved one?
_____ hours per week
7. Please circle the tasks you assist with: (Circle all that apply)
 - a. Shopping
 - b. Home maintenance
 - c. Transportation to appointments
 - d. Providing emotional support
 - e. Overseeing finances
 - f. Medication management
 - g. Making arrangements for care
 - h. Meal preparation
 - i. Bathing
 - j. Providing other hands on care _____
8. On average, about how much of your own funds do you spend per month on care-related expenses? (such as hiring outside help, transportation expenses, financial support, etc.) \$_____per month
9. Which of the following best describes your role as an elder caregiver:
 - a. I have been the only or the main person helping
 - b. I have shared the care equally with others
 - c. Others have been the main ones, with some help from me

Over →

