

TYA Safety Proxy

Do you have concerns regarding the patient's safety?

- Yes
 No

Select the area(s) of safety with which you are concerned

- Safety on the internet
 Safety with finances/money
 Safety with being home alone or unattended
 Safety with being in the community
 Handling emergency situations/services or law enforcement

Do you have concerns about your safety as the patient's caregiver?

- Yes
 No

Do you feel comfortable with accessing resources as needed for promoting safety and/or addressing safety concerns?

- Yes
 No