

Caregiver Needs

Next Step in Care Assessment - What Do You Need as a Family Caregiver?

http://www.nextstepincare.org/Provider_Home/What_Do_I_Need/

Availability and Other Responsibilities

How long have you been involved in the patient's care?

- I haven't, this is a new situation (patient was fully independent or arranged own care)
- I haven't, someone else has been the caregiver I've been doing this a while (how long? __)

How convenient is the patient's home for you to reach?

- Same house/ Easy to
- Apartment get to
- Not easy/ a long trip
- I really can't (out of state/country or other reason)

Do you work?

- No
 - Yes
- If yes: Full-time Part-time

Are you raising children?

- No
 - Yes
- If yes: under the age of 18?

Are you also a caregiver for someone else with medical problems or disabilities?

- No
- Yes

Do you have any health problems that affect you as a caregiver? Yes No

- No
 - Yes
- If yes, are these problems due to (check all that apply):
- Arthritis Asthma Back problems Diabetes
 - Other _____

Will other people (such as family members or friends) help care for your family member?

- No
- Yes

Are there other professionals involved? (check all that apply)

- Home care Home companion Meals on Wheels Senior center
- Adult day care Transportation Personal emergency NORC
response system
- Other(s): _____

What Training Do You Need to Help Your Family Member?

Family caregiver states: <u>Tasks that need to be done</u>	I am able to help WITHOUT training	I am able to help WITH training	I am unable to help
Bathing (washing in the shower, bath, or sink)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dressing (getting dressed and undressed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal hygiene (such as brushing teeth)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grooming (such as washing hair and cutting nails)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toileting (going to the bathroom or changing diapers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transfer (such as moving from the bed to a chair)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobility (includes walking)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication (ordering medications, organizing them, and giving all medications as prescribed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing symptoms (such as pain or nausea)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equipment (such as oxygen, IV, or infusion)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coordinating the patient's care (includes talking with doctors, nurses, and other health care workers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Making and keeping appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Driving or helping with transportation (such as car, bus, or taxi)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Household chores (such as shopping, cooking, and doing laundry)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taking care of finances (includes banking, paying bills, forms and applications)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What Worries Do You Have?

Being a family caregiver is a big responsibility. Do you sometimes worry about:
(check all that apply)

- Your level of stress and how to cope with it
- How to balance work and caregiving
- How to get time off (respite from being a family caregiver)
- What your family member’s condition means to you and others who care about him or her
- How to manage medications and care for your family member
- How to deal with your family member’s behavior (such as refusing to eat or take a bath) and feelings (such as anger, resistance, and resentment)
- Whether your family member is safe at home, or what to do if he or she wanders
- Where your family member lives, and if this needs to change (such as moving to a nursing home or assisted living)
- Making health care decisions on behalf of your family member (being the health care proxy)
- How to talk about what is going on with other family or friends
- Legal issues (such as Living Will, Power of Attorney, and other paperwork)
- How to pay for care
- What to do if your family member needs end-of-life care

Other Worries
