Next Step in Care
Family Caregivers & Health Care Professionals Working Together

What Do I Need as a Family Caregiver?

About You as the Family Caregiver

Do you and your family member live in the same house or apartment? ❑ Yes ❑ No

If no, do you live in the same: ❑ Town or neighborhood ❑ City ❑ State ❑ Country

Do you work at one or more jobs? ❑ Yes ❑ No

If yes, do you work: ❑ Full-time ❑ Part-time

If part-time, how many hours per week? _____

Do you have children under the age of 18? ❑ Yes ❑ No

Are you also a caregiver for someone else with medical problems or disabilities? ❑ Yes ❑ No

If yes, are you a caregiver for: ❑ Children ❑ Other adults

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

If yes, are these problems due to: ❑ Arthritis ❑ Asthma ❑ Back problems ❑ Diabetes
(check all that apply)

❑ Other_____

_____

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

❑ Yes ❑ No

If yes, do they live in the same: ❑ Building, house or apartment ❑ Town or neighborhood

❑ City ❑ State ❑ Country

About Helping Your Family Member

As a family caregiver, you might be responsible for the help your family member needs at home. Here is a list of many of the things that may need to be done. For each item, check one of the following: **I am able to help *without* training, I would be able to help *with* training, or I am unable to help.** If your family member will not need help with one or more of the items, just skip them and go on to the rest of the list.

What Needs to Be Done	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)	❑	❑	❑
Dressing (getting dressed and undressed)	❑	❑	❑
Eating	❑	❑	❑
Personal hygiene (such as brushing teeth)	❑	❑	❑
Grooming (such as washing hair and cutting nails)	❑	❑	❑
Toileting (going to the bathroom or changing diapers)	❑	❑	❑
Transfer (such as moving from the bed to a chair)	❑	❑	❑
Mobility (includes walking)	❑	❑	❑
Medication (ordering medications, organizing them, and giving all medications as prescribed)	❑	❑	❑
Managing symptoms (such as pain or nausea)	❑	❑	❑
Equipment (such as oxygen, IV, or infusion)	❑	❑	❑
Coordinating the patient's care (includes talking with doctors, nurses, and other health care workers)	❑	❑	❑
Making and keeping appointments	❑	❑	❑
Driving or helping with transportation (such as car, bus, or taxi)	❑	❑	❑
Household chores (such as shopping, cooking, and doing laundry)	❑	❑	❑
Taking care of finances (includes banking and paying bills)	❑	❑	❑

About Services at Home/Community

If your family member has received home care or other services before, discuss these services with the nurse or case manager. You may also want to discuss some of the options under Other Services mentioned below.

Check all the services your family member had before this admission:

❑ Home care

If home care was provided, please indicate which agency provided the service; whether insurance covered it, and how much service was provided:

❑ Medicaid

Name of agency_____Hours per week_____

❑ Medicare

Name of agency_____Hours per week_____

❑ Private insurance

Name of agency_____Hours per week_____

❑ Self pay

Name of agency_____Hours per week_____

Please provide contact information for the agency that provided home care services:

_____

_____

Other Services

❑ Home companion

❑ Meals on Wheels

❑ Personal emergency response system

❑ Other

❑ Senior center

❑ Transportation

❑ Adult day care

_____

About Worries

Being a family caregiver is a big responsibility. Sometimes I worry about:
(check all that apply)

- ❑ My level of stress and how to cope with it
- ❑ How to get time off (respite from being a family caregiver)
- ❑ What my family member's condition means to me and others who care about him or her
- ❑ How to manage medications and care for my family member
- ❑ How to deal with my family member's behavior (such as refusing to eat or take a bath) and feelings (such as anger, resistance, and resentment)
- ❑ Whether my family member is safe at home, or what to do if he or she wanders
- ❑ Where my 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 my 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 my family member needs end-of-life care

Notes and Questions

Places and People I Can Call or Go to for Help

Ask the nurse, case manager, or social worker to suggest places and people you can talk with about your worries.

Place

_____

Person to talk with

_____

Telephone number

_____

How this can help

_____

Place

_____

Person to talk with

_____

Telephone number

_____

How this can help

_____