Assessment Checklist to Determine the Needs of a Care Receiver

This form will assist family members or a designated care manager to assess the needs and physical capacity of a care receiver. This will help match the care receiver with a caregiver who has the required skills and abilities.

Ambulation. The care receiver is:
☐YES ☐NO Bedridden
☐YES ☐NO Able to walk unassisted
☐YES ☐NO Uses a cane or a walker (with occasional wheelchair assistance)
☐YES ☐NO Dependent on a wheelchair or electric-power chair

Mobility
☐YES ☐NO Able to use their arms and hands ☐Full ☐Partial ☐Right hand ☐Left hand
☐YES ☐NO Able to use their legs ☐Full ☐Partial ☐Right leg ☐Left leg

Transferring. The care receiver requires:
☐YES ☐NO Transfers (to a chair, wheelchair, bed, commode/toilet, vehicle, etc.)
☐YES ☐NO Lifting skills and strength for heavy lifting
☐YES ☐NO Use of a Gait Belt or Kelly Lift

Repositioning (for those who are bedridden or are unable to move unassisted)
☐YES ☐NO Requires repositioning every two or three hours

Bathing and personal hygiene. Assistance required with:
☐YES ☐NO Bathing (Shower, bath)
☐YES ☐NO Brushing teeth
☐YES ☐NO Shaving
☐YES ☐NO Shampooing hair

Continence
☐YES ☐NO The care receiver is incontinent
☐YES ☐NO Currently uses disposable pads or pull-ups
☐YES ☐NO Pads/pull-ups need monitoring/changing ☐Occasional ☐Frequent

Toileting. The care receiver requires:
☐YES ☐NO Clothes adjusted before and after toilet use; wiping and cleaning
☐YES ☐NO Soiled briefs changed and body cleaned, especially if bedridden

Dressing
☐YES ☐NO Able to get clothes from the closet or dresser unassisted
☐YES ☐NO Able to dress/undress unassisted
☐YES ☐NO Needs assistance with buttoning and/or fastening garments
☐YES ☐NO Needs assistance putting on shoes, tying laces or fastening clasps

Eating
☐YES ☐NO Able to eat unassisted
☐YES ☐NO Needs food to be cut into small pieces or mashed
☐YES ☐NO Special diet: No salt ☐ Soft diet ☐ Liquid diet ☐ Other _____
☐YES ☐NO Needs to be spoon feed or a have a cup (with or without straw) raised to drink

Agitation
☐YES ☐NO Gets agitated ☐ Occasional ☐ Frequent

Confusion and Disorientation
☐YES ☐NO Gets confused ☐ Occasional ☐ Frequent

Cognitive Supervision
☐YES ☐NO Care receiver has dementia (Alzheimer's or other form)
        (If known) ☐Beginning Stage ☐Mid-Stage ☐Advanced Stage

Medication
☐YES ☐NO Medication needs to be administered

Homemaker Services
☐YES ☐NO Light house cleaning (wash dishes, laundry, sweep, mop, vacuum)
☐YES ☐NO Serve already prepared meals
☐YES ☐NO Prepare/cook meals
☐YES ☐NO Grocery shop, pick up medication, run job related errands

Transportation
☐YES ☐NO The caregiver is required to have a valid driver's license and drive
☐YES ☐NO The caregiver is required to have automobile insurance
☐YES ☐NO The caregiver can use client's vehicle for work related activities
☐YES ☐NO The caregiver will need to use their own vehicle to take client to
the doctor, have medical exams, and other job related activities. The caregiver
will be reimbursed at the established IRS per-mile rate.

Special Needs Assessment
☐YES ☐NO Hard of hearing. Uses hearing aid ☐YES ☐NO
☐YES ☐NO Change bandage or dressing
☐YES ☐NO Enema ☐ Occasional ☐ Regular basis
☐YES ☐NO Change/clean catheter bag (or condom catheter)
☐YES ☐NO Change colostomy bag
☐YES ☐NO Oxygen using a tank and cannula

Live-in Care
☐ Necessary ☐ Preferred
☐ Weekend ☐ Regular relief for a live-in caregiver

Shift Options
☐ Morning: Start _____ End _____ ☐ Afternoon: Start _____ End _____
☐Evening: Start _____ End _____ ☐ Night: Start _____ End _____
Shifts: ☐ 12 hours ☐ 24 hours ☐ 48 hours

Language(s) The care receiver speaks the following language(s)

_____

Preferences (interests, activities, hobbies)

_____
_____
_____
_____
_____

Strongly dislikes

_____
_____
_____
_____
_____

Additional Comments/Preferences

_____
_____
_____
_____
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_____
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