Self-Assessment for Caregivers

This form is designed to help caregivers assess their skills and abilities. Do not check a task if you are currently unable or unwilling to do it.

Transferring. I am skilled and physically able to:
☐ YES □ NO  Do transfers. I can safely lift up to _______ lbs.
☐ YES □ NO  Use a Gait Belt
☐ YES □ NO  Use a Hoyer Lift

Repositioning. I have the strength and ability to:
☐ YES □ NO  Reposition a client in a bed or chair

Bathing and personal hygiene. I am able and willing to assist with:
☐ YES □ NO  Bathing (Shower, bath)
☐ YES □ NO  Brushing teeth
☐ YES □ NO  Washing face and hands
☐ YES □ NO  Shaving
☐ YES □ NO  Shampoo hair

Toileting. I am able and willing to:
☐ YES □ NO  Adjust clothes before and after toilet use; wipe and clean
☐ YES □ NO  Monitor and change adult pads or briefs as often as needed
☐ YES □ NO  Change soiled briefs/clothes and bathe a bedridden client

Dressing. I am able and willing to:
☐ YES □ NO  Assist with dressing and putting shoes on

Eating. I am able and willing to:
☐ YES □ NO  Assist with feeding (cut food to bite size pieces, spoon feed)

Confusion and Disorientation. I have experience and am willing to:
☐ YES □ NO  Assist clients who are or get confused/disoriented

Agitation
☐ YES □ NO  I have experience helping people who get very agitated
☐ YES □ NO  I am willing to assist client who gets agitated  □ Seldom  □ Often

Cognitive Supervision. I am able and willing to:
☐ YES □ NO  Work with people who have dementia or Alzheimer’s disease. I have experience with clients who have dementia or Alzheimer’s in the
☐ Beginning Stage ☐ Mid-Stage ☐ Advanced Stage
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Medication
☐ YES  ☐ NO  I agree to correctly administer medication.

Homemaker Services. I am able and willing to do:
☐ YES  ☐ NO  Light house cleaning (wash dishes, sweep, mop, vacuum)
☐ YES  ☐ NO  Laundry
☐ YES  ☐ NO  Meal preparation, including cooking
☐ YES  ☐ NO  Job related errands, shop for supplies, pick-up medication

Transportation
☐ YES  ☐ NO  I have a valid driver’s license and am able/willing to drive
☐ YES  ☐ NO  I have automobile insurance coverage
☐ YES  ☐ NO  I prefer to use my client’s vehicle for work related activities
☐ YES  ☐ NO  I am willing to use my car for job related activities, and drive client to appointments. I understand that I will be reimbursed at IRS rate.

Special needs assessment. I am skilled and agree to:
☐ YES  ☐ NO  Change bandages or dressings
☐ YES  ☐ NO  Administer an Enema  ☐ Occasional  ☐ Regular basis
☐ YES  ☐ NO  Clean/change catheter bag
☐ YES  ☐ NO  Administer oxygen using an oxygen tank and cannula
☐ YES  ☐ NO  Speak loudly and clearly to the hard of hearing

Shift Availability
☐ Morning  Start ________  End _________
☐ Afternoon Start ________  End _________
☐ Evening  Start ________  End _________
☐ Night  Start ________  End _________
☐ 8 hour shift  ☐ 12 hour shift  ☐ 24 hour shift  ☐ 48 hour shift

Live-in Care  I am available for a live-in position  ☐ YES  ☐ NO

English language proficiency
☐ YES  ☐ NO  I am proficient in English
☐ YES  ☐ NO  I speak English moderately well
☐ YES  ☐ NO  I speak a little English
I speak the following language(s) ____________________________________________

It is a bonus, and often recommended, to match a caregiver who speaks Spanish (or Chinese, French, Tagalog, etc.) with a native speaker. Familiarity with the culture, as well as fluency in the language, can be comforting and helpful to a care receiver.

Professional Certificates and Licenses ____________________________________________
Signature______________________________________________________________  Date _____________

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