**A DISCUSSION GUIDE: WHAT DOES THE CARE RECEIVER NEED?**

**It may help to talk to your family and your care receiver’s physician regarding the care receiver’s needs. Can the care receiver perform activities of daily living or do they need assistance?**

**Here are some areas of discussion.**

|  |  |  |  |
| --- | --- | --- | --- |
| **TASK** | **INDEPENDENT****(No assistance needed)** | **NEEDS ASSISTANCE OR NEEDS CUED****(Some help or supervision)** | **DEPENDENT****(Total Care)** |
| **Bathing / showering** |  |  |  |
| **Personal care** |  |  |  |
| **Dressing** |  |  |  |
| **Toileting** |  |  |  |
| **Skin care** |  |  |  |
| **Transferring** |  |  |  |
| **Continence** |  |  |  |
| **Eating** |  |  |  |
| **Walking** |  |  |  |
| **Assistive devices:****Cane / quad cane****Walker****Wheelchair****Power chair** |  |  |  |
| **Shopping** |  |  |  |
| **Meal preparation** |  |  |  |
| **Light housekeeping** |  |  |  |
| **Laundry** |  |  |  |
| **Medication:****Oral****Injections****Drops****Creams** |  |  |  |
| **Financial management** |  |  |  |

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| **TASK** | **INDEPENDENT****(No assistance needed)** | **NEEDS ASSISTANCE OR NEEDS CUED****(Some help or supervision)** | **DEPENDENT****(Total Care)** |
| **Mobility outside the home:****Walking****Driving****Public transportation****Agency transportation** |  |  |  |
| **Telephone:****Answering****Calling****Stopping scammers** |  |  |  |
| **Stairs** |  |  |  |
| **Prosthetic care** |  |  |  |
| **Bedfast care receiver:****Up in chair****Turning / positioning****Transfers from bed to chair** |  |  |  |
| **Fall risk / prevention** |  |  |  |
| **Substance use:****Alcohol****Tobacco** |  |  |  |
| **Glasses** |  |  |  |
| **Hearing aids** |  |  |  |
| **Dentures** |  |  |  |
| **Oral care** |  |  |  |
| **Other:** |  |  |  |
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|  |  |  |  |

**Compliments of:**

**Altenheim Resource & Referral Services**

**1387 National Road \*\* Wheeling WV 26003**

**304 243-0996**

**Akoegler1995@gmail.com**

**Empowering older adults, caregivers, and their advocates through information, education, & support.**