

## Self-Assessment for Caregivers

Page 1 of 2

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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Page 2 of 2

### 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** \_\_\_\_\_