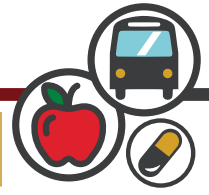


Care Needs Worksheet

PA CareKit



This worksheet will help you and other family members determine what types of assistance your loved one needs.

Your Information

Your Name: _____ Date: _____

Loved One's Name: _____

Assessment

Assess the level of help or assistance needed to perform daily activities. Look into devices and technology that could help with these activities by visiting pa.gov/CareKit.

Activity	No Help	Some Help	Much Help	Notes
Bathing				
Dressing				
Grooming				
Toileting				
Eating				
Getting Out of Bed				
Getting Out of Chair				
Getting Out of Bath				
Walking				

Assess the level of help or assistance needed to perform more complicated skills.

Activity	No Help	Some Help	Much Help	Notes
Using the Telephone				
Shopping				
Transportation				
Money Management				
Laundry				
Light Cleaning				
Cooking				
Medication Management				

Care Needs Worksheet

PA CareKit



Assess the level of limitation or difficulty as the following activities affect your loved one's ability to function.

Activity	No Effect	Some Effect	Major Effect	Notes
Hearing				
Vision				
Orientation				
Thinking/Cognition				
Memory				
Decision-Making				
Grip/Dexterity				
Balance				
Strength				
Fatigue				
Bladder/Bowel Control				
Hypertension				
Breathing				
Diabetes				
Depression/Anxiety				
Arthritis/Osteo				
Cancer				
Physical Disability				
Other				

Assess which days of the week your loved one needs support with their care needs.

Day of the Week	Needs Support	AM	PM	Has Support	AM	PM	Notes
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							

Source: www.claritylegalgroup.com

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