

## Caregiver Relief Intake Questions

Family Caregiver \_\_\_\_\_

Care Receiver \_\_\_\_\_

### Physical and Medical Condition

1. Hearing \_\_\_\_\_ Vision \_\_\_\_\_

2. Mobility \_\_\_\_\_ Light assist when walking? \_\_\_\_\_

3. Confined to a chair? \_\_\_\_ Yes \_\_\_\_ No Confined to bed? \_\_\_\_ Yes \_\_\_\_ No

In a wheelchair? \_\_\_\_ Yes \_\_\_\_ No

4. Are they able to take care of toileting independently?

\_\_\_\_\_

*Volunteer is not permitted to physically help the patient transfer or do any hands-on direct care.*

5. Will there be medication that needs to be taken during the time the volunteer is there?

*Medication needs to be placed in a small container with the name of the medication(s) container and the time that it is to be taken.*

*Volunteer can remind the Care Receiver to take the medication but cannot handle or administer it.*

6. Would they need to eat or drink while volunteer is there? \_\_\_\_ Yes \_\_\_\_ No

Is there a concern about choking?

*Food must be prepared. Volunteer may retrieve the food and place it in front of them but cannot hand it to them or help with eating.*

### Cognitive & Behavioral Conditions

1. Emotional ups and downs? Sadness? Anger? Agitation? Confusion?

\_\_\_\_\_

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2. Responds to questions, participates in conversation appropriately?

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**Interaction with Volunteer**

1. Reading, card or board games? \_\_\_\_\_

2. Conversation - Interests, where they grew up, family, work? \_\_\_\_\_

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3. Enjoy music? \_\_\_\_\_

4. Other suggestions? \_\_\_\_\_

**Other Assistance**

1. Home Health Agency Name \_\_\_\_\_

Providing what? \_\_\_\_\_ How often? \_\_\_\_\_

2. Hospice? \_\_\_\_\_ Agency \_\_\_\_\_

***\*\*Caregiver must be there when the volunteer arrives and when the volunteer needs to leave after three hours.***