



Families and caregivers,

We understand that the thought of preparing for discharge can be very overwhelming. In an effort to provide you with the best training possible that specifically fits your needs, please tell us your comfort level with providing care in the following areas. We thank you for your time and honesty.

Type of care	Comfort Level					
	Very anxious		→		Very comfortable	
Taking blood pressure (vitals)	1	2	3	4	5	n/a
Giving medications	1	2	3	4	5	n/a
Giving tube feedings	1	2	3	4	5	n/a
Cleaning a tracheostomy tube	1	2	3	4	5	n/a
Performing suctioning & respiratory care	1	2	3	4	5	n/a
Cleaning bowel/bladder accidents	1	2	3	4	5	n/a
Performing a bowel/bladder program	1	2	3	4	5	n/a
Checking skin for red spots or tears	1	2	3	4	5	n/a
Putting on/Taking off splints for arms and/or legs	1	2	3	4	5	n/a
Stretching your loved one	1	2	3	4	5	n/a
Managing a wheelchair	1	2	3	4	5	n/a
Using a lift to move your loved one	1	2	3	4	5	n/a
Providing physical assistance to move your loved one from one surface to another	1	2	3	4	5	n/a
Giving a shower or bed bath	1	2	3	4	5	n/a
Dressing	1	2	3	4	5	n/a
Brushing teeth and performing oral care	1	2	3	4	5	n/a
Helping your loved one to eat and drink	1	2	3	4	5	n/a
Performing a weekly assessment to track progress with thinking and communication	1	2	3	4	5	n/a
Structuring your loved one's day to provide stimulating activities	1	2	3	4	5	n/a
Taking your loved one out into the community	1	2	3	4	5	n/a
Providing 24 hour supervision and assistance	1	2	3	4	5	n/a

When you have completed this form, please return to a member of your team.

