



# Care Partner Individual Tools

These tools belong to: \_\_\_\_\_

Date: \_\_\_\_\_

Our Family, Our Way: A Communication and Care Coordination Guide for Caregiving Families

Created by Scripps Gerontology Center, Miami University  
with support from The Retirement Research Foundation and The Ohio Long-Term Care Research Project



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October 2021

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# Reminder:

Everything you write in these Individual Tools will be shared with your family members.

## Before You Begin...What Matters Most?

**WHAT MATTERS MOST** to you about how you spend your time and with whom you spend it? What's important to you about the flow of your day? What are you most eager to preserve as life goes on?

The care and support arrangement affects everybody's life—persons with care needs and care partners alike. Before you begin, take a moment to reflect on what matters most to **you, in your own life**, on a daily basis. Keep this in mind while you and your family discuss your unique care and support arrangement.






For example, some people might say:

- I'm an early riser. I do yard work/chores in the morning.
- I have an exercise routine that is important to me.
- Spending time with my grandchildren makes my day, and it helps their parents.
- I need downtime to unwind before bed.
- Going to work and earning a paycheck—my job is important to me.
- I need some alone time.
- I want to get out to see my friends.

Use this space to describe what matters most to you.

## WHAT'S NEEDED?

This first section is designed to help you think about **what is needed** in your family's care and support arrangement. To do this, you'll complete several tools with questions about:

-  Underlying health considerations that limit your Parent/Partner/Person With Care Needs' (PWCN's) ability to carry out daily self-care activities
-  Environmental considerations related to the home in which your PWCN currently lives
-  What help is required by your PWCN and who's helping now
-  When you are providing care and support
-  How the current care and support arrangement affects you

## Underlying Health Considerations

This tool helps you and your family think and talk about underlying health conditions that limit your PWCN’s ability to carry out daily self-care activities. By keeping these in mind, you’ll be better able to talk about which limitations might be improved and which need to be considered when making decisions about care. Check the column that best describes your PWCN’s current health situation. If you are not sure whether your PWCN experiences limitations in a certain area, check the “I’m not sure” column.

How do limitations in the following areas affect your PWCN’s ability to carry out daily living and self-care activities?

Health Consideration	I’m not sure	No limitation	Some limitation	Major limitation
Hearing				
Vision				
Taste/smell				
Diet/nutrition				
Dental health				
Bladder or bowel control				
Hand dexterity (ability to easily use hands to do things)				
Physical mobility				
Balance				
Strength				
Sleep quality (ability to fall asleep, stay asleep, get enough sleep)				
Energy				
Pain				
Decision-making/judgment				
Memory				
Depression				
Anxiety				
Substance use disorder/addiction				
Other physical or mental health considerations. Please describe.				

### Environmental Considerations

This tool helps you and your family think about your PWCN’s current living environment. If you generally agree with the category, check the “Yes” column. If you generally disagree with the category, check the “No” column. If you’re not sure, check the “I’m not sure” column. If the category is not applicable (for example, there are no stairs), check the “N/A” column.

The neighborhood...	N/A	I’m not sure	Yes	No	Notes
is safe.					
is convenient.					
is near family and/or friends.					
Other. Please describe.					

The home...	N/A	I’m not sure	Yes	No	Notes
has rooms and hallways clear of clutter.					
has non-skid rugs.					
has safe stairways (clutter free, handrails, clearly marked, well lit).					
has easy to use furniture.					
has adequate indoor lighting.					
has adequate outdoor lighting.					
has adequate heating.					
has adequate cooling.					
has a phone that is within reach or is easy to get to.					
has an emergency response system (Lifeline).					
has smoke alarms installed, tested.					
has carbon monoxide detector installed, tested.					
has window locks or bars.					



The home...	N/A	I'm not sure	Yes	No	Notes
has working doorbell or knocker that can be heard.					
has a peephole or window to see out the front door.					
has exterior in good repair.					
has accessible interior doorways.					
has accessible exterior doorways.					
has lawn care/snow and ice removal when necessary.					
has an accessible mailbox.					
has a visible address marker.					
is free of pests (roaches, bed bugs, etc.).					
Other. Please describe.					

In the kitchen...	N/A	I'm not sure	Yes	No	Notes
Frequently used items are accessible on the shelves.					
The stove is easy to use and safe.					
The microwave is at a good height/is accessible.					
The floor is skid free.					
Other. Please describe.					

In the bathroom...	N/A	I'm not sure	Yes	No	Notes
The tub/shower is accessible.					
The tub/shower floor is slip-proof.					
There are grab bars for getting in and out of the tub/shower.					
There is a hand-held shower or shower seat.					
There are grab bars for getting up from the toilet.					
Other. Please describe.					

If there are pets...	N/A	I'm not sure	Yes	No	Notes
They are safe underfoot.					
They are easy to feed.					
They are easy to let out/clean up after.					
They are friendly with people.					
They are friendly with other animals.					
They are in good health.					
There is a plan to get them to/from the veterinarian.					
There is a plan if the PWCN cannot care for them (hospital stay).					
Other. Please describe.					

Are there any other environmental concerns unique to life in the home (oxygen, shared spaces, etc.)? Name them here.

## What Care and Support is Required and Who is Helping Now?

This tool helps you and your family members think about what care and support is required and who is helping now.

For the **“What personal help is required?”** section, identify the amount of **personal** help required by your PWCN by checking a box for each care or support activity. By “personal help,” we mean help your PWCN requires from another person.

For the **“Who is helping now?”** section, identify who is assisting your PWCN with the activity. **Don’t forget to include yourself, if applicable!**

For the **“What devices are used and needed?”** section, indicate what kinds of equipment or devices (like a wheelchair, walker, a lift, adjustable bed, or special tools) are used and what kinds of equipment or devices could be helpful.

If the activity is not applicable to your PWCN, check “N/A.” (For example, if no medical or nursing tasks are needed, or if there are no pets, these are not applicable.)

If you are not sure about what help is required, who is helping, or what devices are used or could be helpful, check the “I’m not sure” box in each of those sections.

Care or support activity	What PERSONAL help is required?					Who is helping now?			What DEVICES are used and needed?		
	N/A	I’m not sure	Requires no help	Requires some help	Requires much help	I’m not sure	Who provides the help?	No one is helping, but help is needed	I’m not sure	What devices are USED?	What devices could be helpful?
Bathing or showering											
Dressing											
Grooming (hair care, shaving, teeth-brushing, nail care)											
Getting to the toilet, using a bedpan, or other toileting needs											
Eating or drinking											



Care or support activity	N/A	What PERSONAL help is required?			Who is helping now?			What DEVICES are used and needed?			
		I'm not sure	Requires no help	Requires some help	Requires much help	I'm not sure	Who provides the help?	No one is helping, but help is needed	I'm not sure	What devices are USED?	What devices could be helpful?
How much personal help does your PWCN require with the following activities?											
Managing insurance or legal matters (e.g., estate planning, power of attorney, etc.)											
Doing laundry											
Doing light house or yard work											
Doing heavy house or yard work											
Taking out trash/bringing in trash cans											
Doing home modifications											
Caring for pets											
Social contact (visits, telephone calls)											
Emotional support (reassurance, encouragement)											
Other. Please describe.											

## When are YOU Providing Care and Support?

In every family, care partners provide different types and amounts of care and support—and at different times. This tool will help you and your family members think and talk about when you are currently providing care and support to your PWCN.

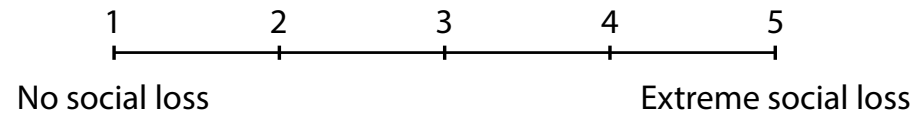
If you are **currently** providing care or support **occasionally**, in the space below, describe the care or support you provide and when you provide it. Examples include phone check-ins, breaks for the primary care partner, paperwork assistance, or communication with health and service providers, etc.

If you **currently** provide care or support on a **daily or weekly basis**, check the times you generally provide help.

	Early Morning	Late Morning	Early Afternoon	Late Afternoon	Early Evening	Late Evening	Overnight
MONDAY							
TUESDAY							
WEDNESDAY							
THURSDAY							
FRIDAY							
SATURDAY							
SUNDAY							

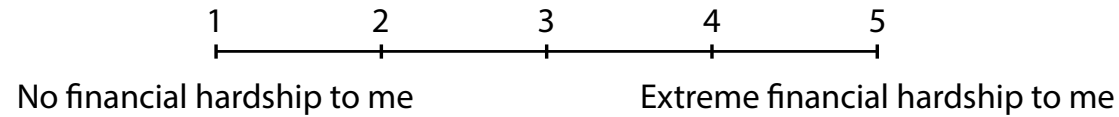


### Overall loss of social time (for work, school, volunteering, recreation, family, and friendships)



What are those social losses?

### Overall financial hardship



What are those financial hardships?



**Benefits**


We know that family care can create some stresses and strains, but families also report experiencing benefits from the care and support arrangement. These include physical, emotional, social, and financial benefits. Use the space below to identify any benefits of the care and support arrangement you may be experiencing.

**Strengths**

Each person—the PWCN and the care partners alike—brings a different set of strengths to the care and support arrangement. What are the strengths you bring or have the potential to bring to your family’s care and support arrangement? (Examples include: patience, sense of humor, knowledge about illness/disability, particular skills, financial resources, etc.) Name your own strengths here:

## What's Needed? – My Notes for Our Family Meeting

Use this space to write additional notes about **what's needed** in your family's care and support arrangement.

A large, empty rectangular box with a thin black border, intended for the user to write their notes. The box occupies most of the page below the introductory text.

# WHAT'S WANTED?

Now that you have thought about what's needed and what's happening, it's important to think about what is wanted when it comes to the care and support arrangement. You can ask yourself about **what's wanted** in two ways:



What is my ultimate goal for the care and support arrangement?



What changes do I want in the care and support arrangement?

**When you complete these tools, it's important to be as specific as you can.  
The more specific you are, the easier it will be for others to understand what you want.**

## What is your ultimate goal for the care and support arrangement?

Before you can start to think about what's possible in your family's care and support arrangement, it helps to have a clear vision of what you want to happen as a result of your arrangement. Often, family members have different ideas about what they want to happen, so before you meet with your family, take some time to think about your goal for the care and support arrangement and write it here:

**My ultimate goal for our family's care and support arrangement is:**

During your family meeting, you and your family members will work together to create a shared goal statement(s) for your family.

## What changes do you want in the care and support arrangement?

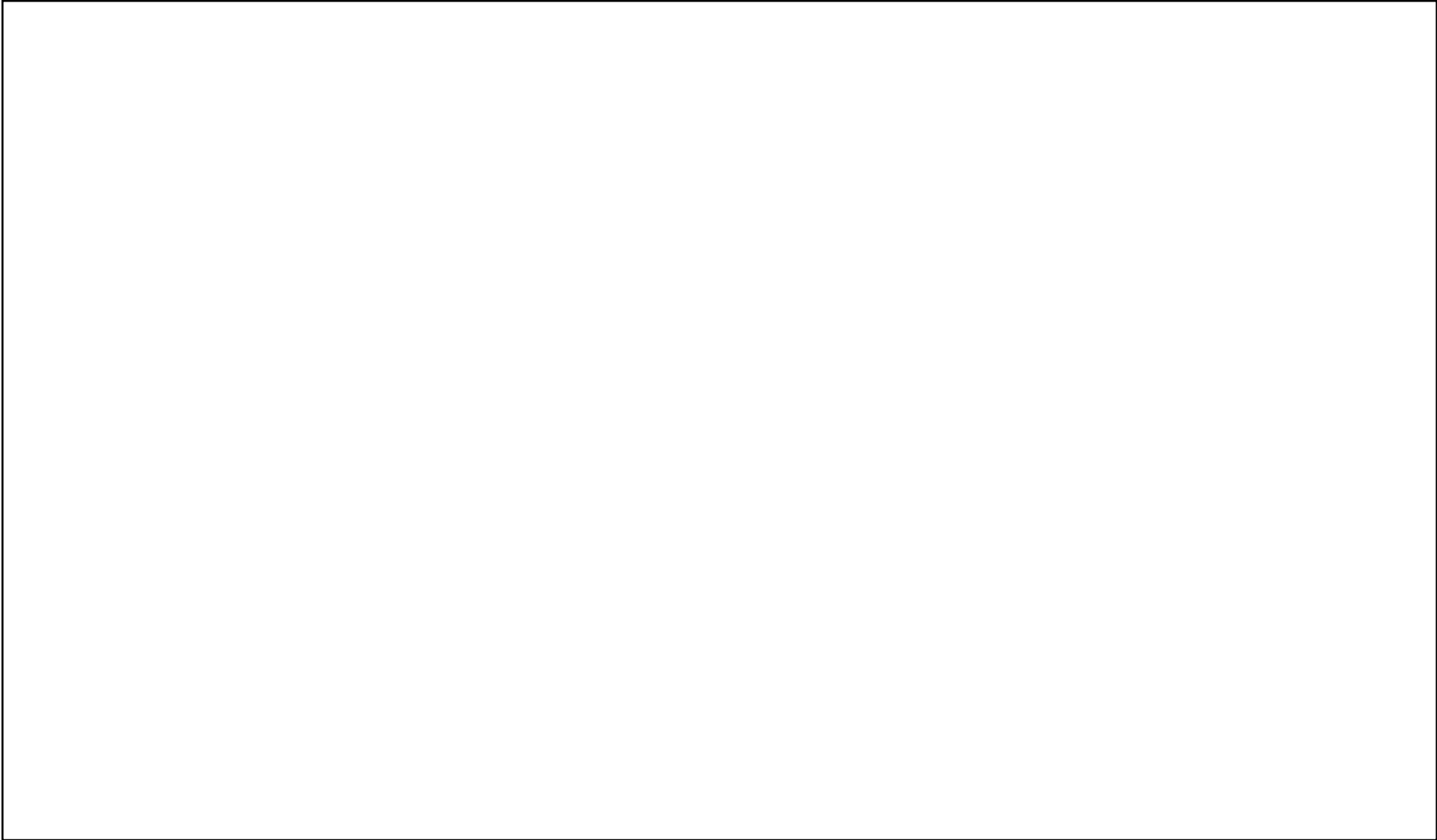
Now that you have determined what you want, think about what needs to change in the care and support arrangement in order for that to happen.

Below, list 3 changes that could be made (by you, your PWCN, or the other care partners) to help achieve your ultimate goal. Be realistic. It may help you to think of the 3 simplest or easiest changes that could be made to bring you closer to your goal.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**What's Wanted? – My Notes for Our Family Meeting**

Use this space to write additional notes about **what's wanted** in your family's care and support arrangement.

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## WHAT'S POSSIBLE?

This section is designed to help you think about what is possible in your family's care and support arrangement. To do this, you'll think about **what's possible** in two ways:



Care and support you could provide as part of the care and support arrangement



Extended family, friends, or community services who may be able to provide care and support

## What’s Possible? – Part One

This tool helps you and your family members think about care and support you could provide as part of the care and support arrangement. For each care or support activity, check whether you are “able and willing to do”, “able and willing to share,” “able only with other help on hand,” “unable or unavailable to do,” “prefer not to do,” “could learn to do,” or “could contribute money/resources toward.” If the care or support activity is not needed, check “not required now.” You may check more than one box in each row.

Even if the care or support is not required now, this is a good opportunity for you to think about what might be possible should the need arise in the future.

Note: There are many reasons care partners may be unable or unavailable to help with a care activity, and this is the time to clearly name your limitations. Here are some examples:

- You lack the physical strength or ability.
- The care activity is too emotionally difficult.
- You don’t have the needed skills or knowledge.
- You don’t have the needed equipment.
- You don’t have the time.
- You live too far away.
- There are personality differences or conflicts.

Care or support activity	Not required now	Able and willing to do	Able and willing to share	Able only with other help on hand	Unable or unavailable to do	Prefer not to do	Could learn to do	Could contribute money/resources toward
Bathing or showering								
Dressing								
Grooming (hair care, shaving, teeth-brushing, nail care)								
Getting to the toilet, using a bedpan, or other toileting needs								
Eating or drinking								





Care or support activity	Not required now	Able and willing to do	Able and willing to share	Able only with other help on hand	Unable or unavailable to do	Prefer not to do	Could learn to do	Could contribute money/resources toward
Doing heavy house or yard work								
Taking out trash/bringing in trash cans								
Home repairs or modifications								
Caring for pets								
Social contact (visits, telephone calls)								
Emotional support (reassurance, encouragement)								
Other. Please describe.								



**What's Possible? – My Notes for Our Family Meeting**

Use this space to write additional notes about **what's possible** in your family's care and support arrangement.

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# You've completed your Individual Tools!

## Next Steps:



Review pages 10 - 12 in the ***Family Meeting Guide*** to help you get ready for your family meeting.



Share your completed **Individuals Tools** with the family members who will be attending your family meeting. Whether your family is meeting in person or virtually, taking the time to share your tools with each other before your meeting will help you acknowledge and understand each person's view of what's needed, what's happening, what's wanted, and what's possible. If it doesn't work for your family to exchange your Individual Tools before beforehand, take time at the beginning of your meeting to exchange and review each other's completed tools.



Be sure to bring your completed **Individual Tools** with you to your family meeting.