

APPENDIX C

SUPPORTIVE CARE
CHECKLISTS AND CALENDARS

Supportive Care Checklist: Patient

PATIENT _____
 DATE ___/___/___
 CAREGIVER _____
 RELATIONSHIP _____

<i>Topic</i>	<i>Y/N*</i>	<i>Date Completed</i>	<i>Intervention</i>	<i>Comment</i>
Diagnostic awareness —Patient aware —Patient not aware				
Advanced directives —Health care agent: —Other POA —Will				
Illness education targeted at the patient			<u>Topics covered</u> 1. 2. 3.	
Daily life schedule review			—Sample calendar	—Schedule in place
<i>Safety review</i>				
Driving			—Advised to stop	
Wandering risk			—Driving evaluation	
Level-of-care issues			—Level of care eval.	
Home safety issues			—Home safety eval.	
Fall risk			—PT referral	
Medication administration			—Devise (specify) —Supervision —Administration	
General medical care			PCP: _____ _____ Last seen: _____	
Referrals			—OT —PT —Speech —Home health —Dental —Vision —Hearing	

*Indicate if the area was addressed in a given counseling session.

OT, occupational therapy; PCP, primary care physician; POA, power of attorney; PT, physical therapy.

Supportive Care Checklist: Caregiver

PATIENT _____
 DATE ___/___/___
 CAREGIVER _____ RELATIONSHIP _____
 Who are caregivers?
 —Primary (-ies): _____
 —Backup plan: _____

<i>Topic</i>	<i>Y/N*</i>	<i>Date Completed</i>	<i>Intervention</i>	<i>Comment</i>
Education			<ul style="list-style-type: none"> —Verbal (specify) —<i>The 36 Hour Day</i> —Dementia Care Family Guidelines —Resource list and telephone numbers —Inventory of important documents 	
Resource referrals			<ul style="list-style-type: none"> —Alzheimer’s Association —Eldercare attorney —Office on Aging/Social Services —Geriatric Case Management 	
Caregiver mental health assessment			<ul style="list-style-type: none"> —Network/activity encouragement —Support group —Counseling referral —Psychiatric referral 	
Caregiver physical health assessment			<ul style="list-style-type: none"> —Primary care 	
Caregiver skills counseling			<ul style="list-style-type: none"> —Activities —Meds/side effects —Supervision —Night time —Behaviors —ADLs —Skills lab referral 	
Respite counseling			<ul style="list-style-type: none"> —Other caregivers —Family/friends —Professional aides —Weekly time off —Monthly time off —Annual vacation 	

*Indicate if the area was addressed in a given counseling session.
 ADLs, activities of daily living.

EXAMPLE OF A DAILY SCHEDULE

<i>Time</i>	<i>Sunday</i>	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>
7:30 A.M.	Awaken	Awaken	Awaken	Awaken	Awaken	Awaken	Awaken
7:30–8:30 A.M.	Morning ADLs	Morning ADLs	Morning ADLs	Morning ADLs	Morning ADLs	Morning ADLs	Morning ADLs
8:30–9:30 A.M.	Breakfast Morning meds	Breakfast Morning meds	Breakfast Morning meds	Breakfast Morning meds	Breakfast Morning meds	Breakfast Morning meds	Breakfast Morning meds
9:30–10:00 A.M.	Exercise*	Exercise*	Exercise*	Exercise*	Exercise*	Exercise*	Exercise*
10 A.M.–12 P.M.	Out-of-house activity†	Out-of-house activity†	Out-of-house activity†	Out-of-house activity†	Out-of-house activity†	Out-of-house activity†	Out-of-house activity†
12–1 P.M.	Lunch Midday meds	Lunch Midday meds	Lunch Midday meds	Lunch Midday meds	Lunch Midday meds	Lunch Midday meds	Lunch Midday meds
1–2 P.M.	Nap/quiet time	Nap/quiet time	Nap/quiet time	Nap/quiet time	Nap/quiet time	Nap/quiet time	Nap/quiet time
2–5 P.M.							Out-of-house activity†
7–8 P.M.	Dinner Evening meds	Dinner Evening meds	Dinner Evening meds	Dinner Evening meds	Dinner Evening meds	Dinner Evening meds	Dinner Evening meds
10–10:30 P.M.	Evening ADLs	Evening ADLs	Evening ADLs	Evening ADLs	Evening ADLs	Evening ADLs	Evening ADLs
10:30 P.M.	Bedtime	Bedtime	Bedtime	Bedtime	Bedtime	Bedtime	Bedtime

*Examples of exercise: mall walk for half an hour, swimming at the local pool.

†Examples of out-of-house activity: out to lunch, adult day care, movie, visit family, ADLs, activities of daily living.

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