



WORKSHEET 1:

Care Partner Self-Assessment Worksheet

Adapted from *Caring and Coping, A Caregiver's Guide to Parkinson's Disease*, published by the Parkinson Foundation, 2016.

Rate the following statements according to how closely they apply to you. Add all the numbers you have selected and enter into the Total Score section.

1 Almost Always 2 Frequently 3 Occasionally 4 Rarely 5 Never

#	STATEMENT	RATING
1	I exercise on a regular basis.	1 2 3 4 5
2	I make and keep preventive health appointments.	1 2 3 4 5
3	I have a job or activity that is personally gratifying.	1 2 3 4 5
4	I do not use tobacco products.	1 2 3 4 5
5	I do not consume alcohol or use drugs.	1 2 3 4 5
6	I get an adequate amount of sleep each night.	1 2 3 4 5
7	I have hobbies or recreational activities I enjoy.	1 2 3 4 5
8	I eat at least three balanced meals a day.	1 2 3 4 5
9	I have at least one person in whom I can confide.	1 2 3 4 5
10	I take time to do things that are important to me.	1 2 3 4 5
11	I am optimistic and have a healthy outlook on life.	1 2 3 4 5
12	I have personal goals and take steps to achieve them.	1 2 3 4 5

TOTAL

ASSESSMENT RESULTS:

- 12 – 24** You are doing very well at taking care of yourself.
- 25 – 36** You have room for improvement. Assess where you experience challenges and seek help from family, friends or a professional and make changes.
- 37 – 48** You are unsuccessful in caring for yourself and at moderate risk of personal health problems. Talk to a healthcare provider or others who can help you formulate and enforce a self-care plan.
- 48 – 60** You are at an extremely high risk for personal health problems. It is vital that you speak to a healthcare provider as soon as possible. Stay focused on the fact that you must stay healthy to provide proper care for the care recipient.

WORKSHEET 2:



Care Partner Burden Calculator

Adapted from the FTLDA Caregiver Burden Scale; Zarit, S.H. et al (1980).

For each statement, circle the rating to indicate how often you feel this way. Add all the numbers you have selected and enter into the Total Score section.

0 Never 1 Rarely 2 Sometimes 3 Frequently 4 Nearly Always

<i>I feel my care recipient</i>	
1	Asks for more help than they actually need. 0 1 2 3 4
2	Takes up so much of my time, there's none left for me. 0 1 2 3 4
3	Behaves in a way that is embarrassing. 0 1 2 3 4
4	Makes me angry. 0 1 2 3 4
5	Makes the future look bleak. 0 1 2 3 4
6	Depends on me too much. 0 1 2 3 4
7	Causes me additional strain and stress. 0 1 2 3 4
8	Affects my relationship with other family members in a negative way. 0 1 2 3 4
9	Condition means less privacy for me. 0 1 2 3 4
10	Has impacted my social life in a negative way. 0 1 2 3 4
11	Makes me embarrassed to invite others over. 0 1 2 3 4
12	Attempts to control me. 0 1 2 3 4
13	Expects a lot from me, and me alone. 0 1 2 3 4
14	Doesn't understand the financial burden placed on me as a result of providing them care. 0 1 2 3 4
15	Doesn't know that I am exhausted and cannot take care of them for much longer. 0 1 2 3 4

TOTAL

ASSESSMENT RESULTS:

0-15 Little or No Burden
Your experience of the burden is manageable.

16-30 Mild to Moderate Burden
Your experience of the burden is somewhat stressful.

31-44 Moderate to Severe Burden
Your experience of the burden is increasingly stressful and may have an impact on your health.

45-60 Severe Burden
Your experience of the burden is extremely stressful and puts you at a high risk of stress-related health issues.



WORKSHEET 3:

Home Safety Evaluation Checklist

Adapted from Caring and Coping, A Caregiver's Guide to Parkinson's Disease, published by the Parkinson Foundation, 2016.

THROUGHOUT THE HOUSE

- Floors are stable, non-skid surfaces without excessive patterns.
- Lighting is good throughout the home, with no dark or shadowy pockets.
- Walking paths are wide, allowing easy access and/or use of a walker or wheelchair, if needed.
- Electrical/phone/computer cords do not pose a tripping/falls risk when walking or moving about.
- Stairs are in good shape, have railings and can be blocked for safety, if needed.
- Chairs are stable, have arm rests and adequate seat height to make standing up easier.
- Dining area can be easily accessed.
- A communication system is in place to allow you to hear the person with Parkinson's in another area of the house.

TO DO:

- Remove any small area rugs/throw rugs/scatter rugs.
- Remove any clutter to decrease the risk of tripping or falling.
- Store medication in a safe place.

BEDROOM

- Environment is quiet and relaxing.
- Bed height allows feet to touch the floor when seated at bedside.
- Half side-rail or bed pole is in place to assist in rolling and getting up.
- Nightlight is placed in easily accessible spot and bright enough to fully light the path to the bathroom.
- Bedside commode/urinal made available for nighttime use, if needed.
- Communication system or monitor is in place, so you can hear calls for help at night.

TO DO:

- Place slippery fabric or draw sheet on the middle third of the bed to make rolling easier.
- Remove the top sheet and instead use only a lightweight comforter on the bed.
- Avoid flannel sheets and nightwear as they impeded movement.

BATHROOM

- Grab bars are installed near the toilet, tub and shower to avoid using towel racks, faucets or soap dishes as substitutes.
- Toilet has an elevated seat and arm rests or grab bar within easy reach.
- Tub/shower has a sturdy bench with back support for bathing/shower safety.
- Seating is available when performing tasks like brushing teeth, shaving, and combing hair, if needed.
- Communication system or monitor is in place so you can hear calls for help.

WORKSHEET 4:



Activities of Daily Living Support Schedule by Week

Adapted from the Caregiver's Handbook of Nova Scotia, 2014.

ACTIVITY	MON	TUES	WED	THURS	FRI	SAT	SUN
AROUND THE HOME							
Cooking/Preparing							
Doing Dishes							
Tidying Kitchen							
Floor/Carpet							
Cleaning							
Dusting/Tidying							
Cleaning Bathrooms							
Laundry/Ironing							
Yard Work/							
Gardening							
Snow Shoveling							
Taking Out Garbage/ Recycling							
Sending/ Picking Up Mail							
PERSONAL CARE							
Administering Medications							
Eating							
Oral Care							
Bathing							
Dressing							
Toileting							
Other Hygiene							



	MON	TUES	WED	THURS	FRI	SAT	SUN
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TRANSPORTATION

Health Care Appointment							
Exercise							
Social Event							
Shopping							
Other Appointment							

COORDINATION OF OTHER ACTIVITIES

Booking Appointments							
Filling/Picking Up Prescriptions							
Banking							
Paying Bills							
Income Tax Preparation							
Car Servicing							
Pet Care							

PSYCHOSOCIAL SUPPORT

Social Visits							
Check-In Calls							

WORKSHEET 5:



Daily Needs and Routine Tracker

Copy and complete this worksheet so any alternate care providers (paid or unpaid) will have a list which describes the specific needs and schedule of the person with Parkinson's disease

SLEEPING SCHEDULE

Waking Time	
Napping Time	
Sleeping Time	
Special Notes/ Preferences:	

MEDICATION SCHEDULE

Dose 1	
Dose 2	
Dose 3	
Dose 4	
Dose 5	
Special Notes/ Preferences:	

DIET AND MEAL SCHEDULE

Breakfast	
Snack	
Lunch	
Snack	
Dinner	
Snack	
Special Notes, Allergies/Dietary Restrictions:	



ACTIVITIES SCHEDULE

Mornings	
Afternoons	
Evenings	
Special Notes/ Preferences:	

PERSONAL CARE SCHEDULE

Bathing	
Dressing	
Oral Hygiene	
Other	
Special Notes/ Preferences:	

OTHER SCHEDULE

WORKSHEET 6:



Parkinson's Disease Daily Diary

Source: Parkinson Canada ACT on Time® program.

Name: _____ Date: _____

Instructions: This is a tool to track responses to medication and will be used to adjust the doses and timing of medications. For each time of day, place a check mark in the corresponding column that best describes your motor state. (i.e. in the 7:00 a.m. row indicate the average motor state from 7:00 to 7:59 a.m. or if asleep check **Asleep** in that column. If you take a medication dose at 7:45 p.m. write the time in the PD Medication column of the 7:00 p.m. row.

Motor State	"ON" with Dyskinesia Too Much Movement	"ON" Normal Movement	"OFF" Too stiff and slow	Asleep	PD Medication Time
6:00 a.m.					
7:00 a.m.					
8:00 a.m.					
9:00 a.m.					
10:00 a.m.					
11:00 a.m.					
Noon					
1:00 p.m.					
2:00 p.m.					
3:00 p.m.					
4:00 p.m.					
5:00 p.m.					
6:00 p.m.					
7:00 p.m.					
8:00 p.m.					
9:00 p.m.					
10:00 p.m.					
11:00 p.m.					
Midnight					

WORKSHEET



WORKSHEET 7:

What-If Plan

Use this template to complete the *What-If* statements with intended actions. Add your own statements in the blank spaces provided.

WHAT IF MY CARE RECIPIENT HAS A SUDDEN ILLNESS?

Then...	
Then...	
Then...	
Special Notes:	

WHAT IF MY CARE RECIPIENT HAS AN UNPLANNED ADMISSION TO THE HOSPITAL?

Then...	
Then...	
Then...	
Special Notes:	

WHAT IF THERE IS A FAMILY EMERGENCY?

Then...	
Then...	
Then...	
Special Notes:	



WHAT IF I OR MY CARE RECIPIENT HAS AN EMOTIONAL CRISIS?

Then...	
Then...	
Then...	
Special Notes:	

WHAT IF MY HEALTH IS COMPROMISED AND AFFECTS MY ABILITY TO PROVIDE CARE?

Then...	
Then...	
Then...	
Special Notes:	

WHAT IF

Then...	
Then...	
Then...	
Special Notes:	

WHAT IF

Then...	
Then...	
Then...	
Special Notes:	