Penn State Hershey ALS/FTD Caregiver Assessment-R2

Safety

The following questions have been designed to address the unique experiences of those caring for a loved one with ALS and changes in thinking and/or behavior. Your answers will assist the ALS Clinic Team to address the specific needs of you and your loved one. If you'd like to explain any of your responses, you may write additional information in the margin.

Thank you very much,

The ALS Clinic Team

1. Caregiver Name:

2. Patient Name:

3. What is your relationship to the patient?

4. Today's Date

MM DD YYYY

: / /

5. Please let us know if you are concerned about your loved one's SAFETY as a result of the changes in thinking and behavior they have had with their ALS. If your loved one is unable to perform an activity, mark "Does Not Apply." For example, if he or she no longer takes food by mouth, mark "N/A" for numbers 1 and 2 below.

	YES	NO	Does Not Apply
A. Stuffing too much food in mouth and/or choking			
B. Not eating enough			
C. Cooking/preparing meals (including use of stove, knives, etc.)			
D. Driving			
E. Risk of Falling			
F. Use of tools/power equipment			
G. Taking medications as prescribed			
H. Ability to be left alone or unsupervised			
I. Appropriate use of the internet			
J. Appropriate interactions with others			
K. Ability to find way home if lost			
L. Wandering at night			

M. Please list other safety concerns you have

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Financial & Legal Matters

6. Are you concerned with your loved one's ability to manage finances? (If YES, answer #7 below)

- YES
- NO

7. If you answered "YES" to question #6:
Please indicate which aspects of financial management are of concern:

	YES	NO
A. Excessive spending		
B. Opening new accounts		
C. Purchasing from solicitors		
D. Excessive gambling		
E. Giving money away		

Other (please specify)

8. Has your loved one completed the following legal documents?

	YES	NO	I DON'T KNOW
Power of Attorney (POA) for financial matters?			
Power of Attorney (POA) for health care matters?			
Advance Directive/Living Will			

9. If YES to #8, has the Advance Directive/Living Will been shared with:

	YES	NO	I DON'T KNOW
The patient's family doctor?			
The ALS Team			

Comments:

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Caregiver Well-being

10. Have you noticed changes in your loved one's behavior or personality?

- YES
- NO

If YES, Please describe the changes you've noticed.

11. If YES to #10, have your loved one's changes in behavior caused you to feel:

	Almost never	Sometimes	Very often
Embarrassed?			
Frustrated			
Angry?			
Other feelings?			

Please explain:

12. Do you currently have trouble sleeping?

- No, not at all
- A little bit
- Very much so

Please explain:

13. Overall, how overwhelmed do you feel in caring for your loved one?

	Not at all	A little	Moderately	Quite a bit	Extremely
I feel...					

Please provide any details you think would help us to understand your concerns related to ALS and changes in thinking and/or behavior.