# Caregiving Questionnaire

wecare24
Compassionate care at home.

## 1. Contact person (client)

First/Last name _____

Relationship to the recipient of services _____

Street, house number _____

Postal code, city _____

Telephone _____

Mobile _____

Email _____

☐ Power of attorney submitted ☐ Court-appointed guardian

## 2. Recipient of services

☐ Female ☐ Male

First/Last name _____

Street, house number _____

Postal code, city _____

Telephone _____

Mobile _____

Email _____

Date of birth _____

Height _____cm (approx.)

Weight _____kg (approx.)

Expected placement start date ☐ As soon as possible ☐ On _____

Expected placement period ☐ Not limited ☐ Until _____

## 3. Basic information about the recipient of services

| | | |
|---|---|---|
| Is the person receiving care bedridden? | ☐ Ja | ☐ nein |
| Does the person receiving care need to be repositioned? | ☐ Ja | ☐ nein |
| Does the person receiving care need to be bathed in bed? | ☐ Ja | ☐ nein |
| Does the person receiving care need assistance with transferring from one place to another (e.g. moving from bed to a wheelchair)? | ☐ ja | ☐ nein |
| Can the person receiving care actively cooperate and assist while transferring? | ☐ ja | ☐ nein |
| Does the person receiving care suffer from sleeping disorders? | ☐ Ja | ☐ nein |
| Does the person receiving care have any contagious diseases? | ☐ Ja | ☐ nein |

If 'yes', please specify: _____

Do other people living in the household have any contagious diseases?

If 'yes', please specify: _____

| | | |
|---|---|---|
| Is the person receiving care currently in a hospital/ rehabilitation centre/short-term convalescent home? | ☐ ja | ☐ nein |

When will the person receiving care be discharged? _____

Physician/GP contact information _____

Health insurance _____

## 4. Illnesses & ailments

| | | |
|---|---|---|
| ☐ Allergies | ☐ COPD | ☐ Multiple sclerosis |
| ☐ Bedsores | ☐ Diabetes (req. insulin) | ☐ Osteoporosis |
| ☐ Alzheimer's | ☐ Heart attack | ☐ Rheumatoid arthritis |
| ☐ Asthma | ☐ Blood thinners | ☐ Stoma (ostomy bag) |
| ☐ Dementia (early stage) | ☐ Heart arrythmia | ☐ Tumour _____ |
| ☐ Dementia | ☐ Hypertension | ☐ Stroke |
| ☐ Age-related walking difficulties | ☐ Incontinence | ☐ Depressionen |

Remarks _____

_____

## 6. Communication

| | Unlimited | Partially limited | Limited |
|---|---|---|---|
| Hearing | ☐ | ☐ | ☐ |
| Vision | ☐ | ☐ | ☐ |
| Speaking | ☐ | ☐ | ☐ |

Aids ☐ Glasses ☐ Hearing aids ☐ Dentures

Remarks _____

_____

## 6. Orientation

| | Unlimited | Partially limited | Limited |
|---|---|---|---|
| Time | ☐ | ☐ | ☐ |
| Place | ☐ | ☐ | ☐ |
| Personal | ☐ | ☐ | ☐ |

Remarks _____

_____

## 8. Mobility

| | Unlimited | Partially limited | Limited |
|---|---|---|---|
| Walking | ☐ | ☐ | ☐ |
| Standing | ☐ | ☐ | ☐ |
| Climbing stairs | ☐ | ☐ | ☐ |

Remarks _____

Aids

☐ Walking stick ☐ Night commode ☐ Nursing bed
☐ Anti-decubitus mattress ☐ Patient lift ☐ Stair lift
☐ Walker / rollator ☐ Wheelchair ☐ Walk-in showers
☐ Bath lift ☐ Planned / pending application

_____

_____

## 9. Assistance with transfer (changing positions)

☐ Not necessary _____
☐ Patient can cooperate and assist _____
☐ Patient cannot assist _____
☐ Only possible with patient lift _____

## 10. Rest and sleep

| | Unlimited | Partially limited | Limited |
|---|---|---|---|
| Falling asleep | ☐ | ☐ | ☐ |
| Staying asleep | ☐ | ☐ | ☐ |

Going to bed: Approx. time ____ a.m./p.m. | Getting up from bed: Approx. time ____ a.m./p.m.,
Naptime: approx. ____ hour(s)

## 11. Nighttime activities (e.g. using the toilet)

☐ Alone (assistance not needed) ☐ Never or rarely (max. 3 x per week)
☐ Sometimes (4-7 x per week) ☐ Often (several times per night)

Remarks _____

**12. Hygiene**

| | Unlimited | Partially limited | Limited |
|---|---|---|---|
| Showering/bathing | ☐ | ☐ | ☐ |
| Dental care | ☐ | ☐ | ☐ |
| Dentures | ☐ | ☐ | ☐ |
| Hair care | ☐ | ☐ | ☐ |
| Genital care | ☐ | ☐ | ☐ |
| Hand and feet care | ☐ | ☐ | ☐ |
| Shaving | ☐ | ☐ | ☐ |

Patient is bathed in bed ☐ yes ☐ No

Remarks _____

**13. Bladder and bowel health**

| | ja | gelegentlich | nein |
|---|---|---|---|
| Urinary incontinence | ☐ | ☐ | ☐ |
| Faecal incontinence | ☐ | ☐ | ☐ |
| Urinary catheter | ☐ | ☐ | ☐ |
| Suprapubic catheter | ☐ | ☐ | ☐ |
| Urinal bottle | ☐ | ☐ | ☐ |
| Incontinence pants/panties | ☐ | ☐ | ☐ |
| Incontinence pads | ☐ | ☐ | ☐ |

Remarks _____

Incontinence products ☐ Already available ☐ Not yet available

Incontinence set requested ☐ Yes ☐ No

**14. Clothing**

| | Unlimited | Partially limited | Limited |
|---|---|---|---|
| Getting undressed | ☐ | ☐ | ☐ |
| Getting dressed | ☐ | ☐ | ☐ |

Clothing needs to be picked out ☐ Yes ☐ No

Clothing needs to be checked that it is clean and appropriate for season ☐ Yes ☐ No

**15. Eating and drinking**

| | Unlimited | Partially limited | Limited |
|---|---|---|---|
| Eating | ☐ | ☐ | ☐ |
| Drinking | ☐ | ☐ | ☐ |
| Chewing & swallowing | ☐ | ☐ | ☐ |

| | | |
|---|---|---|
| PEG tube | ☐ Yes | ☐ No |
| Cutting food into small pieces | ☐ Yes | ☐ No |

| Nutritional status | Type of Diet | Fluid intake |
|---|---|---|
| ☐ Normal | ☐ Normal | ☐ Normal |
| ☐ Malnourished | ☐ Wholefoods | ☐ Little |
| ☐ Obese | ☐ Vegetarian | ☐ A lot |
| ☐ Dehydrated | ☐ Diabetes diet | ☐ Needs encouragement to drink |

Remarks _____

_____

**16. Hobbies and interests of the person receiving care**

☐ Music ☐ Televison ☐ Nature/Garden ☐ Going for walks

☐ Games ☐ Painting ☐ Reading ☐ Crossword puzzles

Other _____

_____

**17. Personality traits that describe the person receiving care**

☐ Anxious ☐ Patient ☐ Humble ☐ Sociable ☐ Open-minded

☐ Demanding ☐ Assertive ☐ Reserved ☐ Stubborn ☐ Kind

Other _____

_____

**18. Desired caregiver**

Desired Age _____ years of age (no garantee) ☐ Woman ☐ Man ☐ Irrelevant

Language skills ☐ Very good ☐ Good ☐ Basic

Experience with dementia ☐ Necessary ☐ Not necessay

Driver's licence required ☐ Yes ☐ No

Other requests _____

Name of person who will introduce the caregiver to the neighbourhood / town (walking paths, driving to physician (GP), pharmacy, shopping facilities, etc.):

_____

What is particularly important to you about the caregiving services?

_____

_____

**19. Caregiver duties**

☐ Shopping
☐ Cooking
☐ Laundry
☐ Ironing
☐ Cleaning living areas
☐ Going to the doctor
☐ Personal basic care
☐ Going for for walks
☐ Going on excursions together
☐ Recreational activities
☐ Looking after indoor plants
☐ Driving a car
☐ Other _____

Are there any pets? ☐ Yes ☐ No

If yes, what kind of pet(s)? _____

If yes, who will look after the pet(s)? ☐ Caregiver ☐ Family

**20. Does another (second) person live in the household?** ☐ Yes ☐ No

Do you want housekeeping services for the second person? ☐ Yes ☐ No

Will the second person assist the caregiver? ☐ Yes ☐ No

Does the second person also need to be actively cared for? ☐ Yes ☐ No

Do other family members live nearby? ☐ Yes ☐ No

**21. Support for the caregiver / Time-off policy**

Our caregivers also need to have time off to unwind and recharge so that they can return to work feeling refreshed.

What rules would you like regarding the caregiver's time off? _____

Who will be responsible for caregiving needs during the caregiver's time off? _____

☐ A family member will be present in the home for at least one hour on __ days of the week.

☐ The person receiving care attends an inpatient day care facility on __ days a week.

The following are available for the caregiver's use during his/her time off:

☐ Fahrrad ☐ Garten ☐ Terrasse/Garten

**22. Respite for caregiver, e.g. by an in-home nursing care provider**

Is a nursing care provider currently being used? ☐ Yes ☐ No ☐ Will be arranged

Which services does the nursing care provider complete?

☐ Personal basic care (personal hygiene, nutrition, mobility, etc.)

☐ Medical care (injections,medications, compression stockings, etc.)

How often does the nursing care service come? _____

Name of nursing care provider/contact information:

_____

Is a personal alarm service available for emergencies? ☐ Yes ☐ No Desired starting on

Is an extra key saved somewhere? ☐ Yes ☐ No

If yes, with whom? _____

Who sorts / organises medications?

☐ Person receiving care by himself/herself ☐ Pharmacy

☐ Nursing care service ☐ Family

What medications are taken? _____

_____

**23. Supportive therapies and activities**

- ☐ Ergotherapy
- ☐ Music therapy
- ☐ Occupational therapy
- ☐ Physiotherapy
- ☐ Volunteer
- ☐ Speech therapy
- ☐ Other _____

**24. Place of residence and neighbourhood**

- ☐ Village
- ☐ Single-family home
- ☐ Barrier-free
- ☐ Small town
- ☐ Block of flats
- ☐ Stair lift
- ☐ Stadt
- ☐ Wohnung
- ☐ Fahrstuhl

Shopping options

- ☐ Approx. 10 min.
- ☐ Approx. 20 min.
- ☐ Approx. 30 min.
- ☐ Shopping is done by the family.

The next stop (bus/metro/commuter trains) can be reached by foot in

- ☐ Approx. 10 min.
- ☐ Approx. 20 min.
- ☐ Approx. 30 min.

**25. Room furnishings for caregiver's room**

- ☐ Bed
- ☐ Wardrobe /table
- ☐ Television
- ☐ Wi-Fi available / is being arranged
- ☐ No internet
- ☐ Shared use of telephone
- ☐ Own Toilet
- ☐ Own bath
- ☐ Shared bath
- ☐ Own flat

The following are available for the caregiver's use during his/her time off:

- ☐ Bike
- ☐ Terrace
- ☐ Terrace / Garden

**How did you become aware of wecare24?**

- ☐ Hospital / social services centre
- ☐ In-home nursing care provider
- ☐ Physician
- ☐ Family / acquaintances
- ☐ Internet
- ☐ Website / Homepage
- ☐ Advertising, where exactly _____
- ☐ Other _____

**Persons present during the medical history interview**

- ☐ The client / person receiving care
- ☐ Authorised representative
- ☐ Relatives
- ☐ Other _____

_____

**Place / Date** _____

**Signature of client / authorised representative** _____

**Signature of wecare24** _____

**Consent to wecare24 marketing purposes**

Yes, I would like to receive regular updates on interesting care related-topics.
I may revoke this consent at any time.

☐ I agree with this type of communication. ☐ I do not agree to this type of communication

Signature of client / authorised representative _____

**Data privacy notice**

With my signature below, I confirm that the information provided above is complete and accurate. By signing below, I agree to the collection, processing and use of my data solely for the purpose of matching me with a caregiver.

This consent may be revoked at any time. Revocation of consent must be submitted to wecare24, Schenkendorfstr. 2, 22085 Hamburg, Germany.After consent is revoked, the collected and saved personal data of the data subject will be erased without delay.

I have received information in accordance with article 13 of the German General Data Protection Regulation (German GDPR) (Datenschutz-Grundverordnung - DSGVO).

Place/Date _____

Signature of client / authorised representative _____

Signature of wecare24 _____

Information collected directly from the data subject (interested parties/relatives/authorised representatives/court-appointed representatives) (article 13 of the German General Data Protection Regulation (German GDPR) (Datenschutz-Grundverordnung - DSGVO))

Data Controller: wecare24 GmbH

Schenkendorfstraße 22
22085 Hamburg, Deutschland

info@we-care-24.de, www.we-care-24.de
040 - 68 99 64 83

**Legal representatives:** André Weber, Roland Rother, Managing Directors
**Data protection officer:** not required

Information on processing and purpose of processing
Data collection to determine the appropriate type of care

Legal basis for processing
Processing is required to perform a contract or a precontractual measure, in accordance with article 6 para. 1 letter b of the German GDPR. Consent in accordance with article 6 para. 1 letter a of the German GDPR has been submitted. The requirements for consent are fulfilled in accordance with article 7 paras. 1 - 4 of the German GDPR.

Categories of recipients
Other recipients (personnel agencies for care and support staff, nursing care providers and homes)

Transfer of data to a third country
There are no plans to send data to a third country. Additional information obligations: retention period of personal data: 10 years (German Tax Code (Abgabenordnung - AO)) (Erasure after 10 years. Retention period in accordance with section 147 of the German Tax Code for tax relevant documents). Contractual support period (contact and health information will be saved for the duration of the contract to facilitate new placements at any time).

Rights of the data subject
You have the right to receive information from the data controller about your personal data (in accordance with article 15 of the German GDPR), a right to its rectification (article 16 of the German GDPR) and erasure (article 17 of the German GDPR), a right to restrict processing (article 23 of the German GDPR) and a right to data portability (article 20 of the German GDPR).

Right to lodge complaints
You have the right to lodge a complaint with the competent supervisory authority.

Obligation to provide personal data: You are not obliged to provide your personal data.

Automated decision-making: No automated decision-making or profiling is used.