## **Checklist: partners in care**

**Step 1** — What are the needs of your care recipient? Take an inventory of your skills and the resources available to you. Are there things that others could help you with, to give you a break from caregiving? What is your care recipient able to do for themselves?

ACTIVITIES	WHO CAN HELP?	WHEN/HOW OFTEN	
PERSONAL CARE			
Bathing			
Dressing			
Eating/feeding			
Foot care			
Mouth care			
Thought care			
Toileting			
Lifting/transferring			
HELP AROUND THE HOUSE			
Light Housekeeping			
(sweeping, dusting,			
meal clean-up)			
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ACTIVITIES	WHO CAN HELP?	WHEN/HOW OFTEN		
Cleaning bathroom				
and floors				
Laundry				
Meal planning				
Meal preparation				
Yard/outdoor work				
Tara/outdoor work				
Care for pets, plants				
Check mail				
Sort recycling /				
waste disposal				
TRANSPORTATION / SHOPPING				
Accompany to appointments				
Activities /				
Social appointments				
Take shopping				

ACTIVITIES	WHO CAN HELP?	WHEN/HOW OFTEN		
Fill prescriptions				
Car maintenance				
Coordinating care				
COORDINA	TE HOME / HEALTHCARE V	WORKERS.		
Find out about	TE HOME / HEALTHCARE V	VORKERS		
available services				
available services				
Arrange appointments				
ı	PSYCHO-SOCIAL SUPPORT			
Check-in by phone, in person				
Leisure activities				
FINANCIAL / LEGAL AFFAIRS				
Banking, pay bills				
Legal documents				
Income taxes				
NOTES				