

## INTERVIEW OF A PERSONAL SUPPORT WORKER

.....  
First name, last name

.....  
Stamp of the entity

.....  
Card number

.....  
Personal support worker

The date

Address .....

Sex F M

Marital status.....

Certificate of disability YES NO

Home care FAMILY CARER OTHER

PACEMAKER YES NO

CONTACT LENSES YES NO GLASSES YES NO

LIMB PROSTHESIS YES NO

UPPER YES NO DOWN YES NO

DENTURE PROSTHESIS

UPPER YES NO DOWN YES NO

HEARING AID YES NO

WHEELCHAIR YES NO

NO WALKING

AIDS YES NO

OTHER

### STATE OF MIND, MENTAL STATE (speech, behavior, mood)

CALM

CONTACT

AROUSED

DIFFICULT CONTACT

NONE

DOES HE KNOW WHO HE IS

YES AT TIMES

NO

TIME ORIENTATION

YES AT TIMES

NO

LOCATION ORIENTATION

YES AT TIMES

NO

COMMUNICATION

SEE

YES DIFFICULTIES

NO

TALK

YES DIFFICULTIES

NO

HEAR

YES DIFFICULTIES

NO

### SOCIAL STATUS – CONTACT WITH FAMILY

GOOD

LOW

WRONG

NON

LONELY

### NUTRITION – DIET

GENERAL

PAP

SPECIAL\*

EASILY DIGESTIBLE

NON-INTESTINAL\*\*

SONDA\*\*

OTHER

### ALLERGIES AND SENSITIVITIES

Level of dependence (Barthel scale)

O – total (0–20 points), P – considerable (20–80 points), A – moderate (80–100 points )

L.P.	ACTIVITY NAME	Point value
1.	<b>Eating out</b> 0 = unable 5 = needs help cutting, spreading butter, etc., or requires modified diet 10 = independent	

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2.	<b>Bathing</b> 0 = dependent 5 = independent (or in shower)	
3.	<b>Grooming</b> 0 = needs to help with personal care 5 = independent face/hair/teeth/shaving (implements provided)	
4.	<b>Dressing</b> 0 = dependent 5 = needs help but can do about half unaided 10 = independent (including buttons, zips, laces, etc.)	
5.	<b>Bowels</b> 0 = incontinent (or needs to be given enemas) 5 = occasional accident 10 = continent	
6.	<b>Bladder</b> 0 = incontinent, or catheterized and unable to manage alone 5 = occasional accident 10 = continent	
7.	<b>Toilet use</b> 0 = dependent 5 = needs some help, but can do something alone 10 = independent (on and off, dressing, wiping)	
8.	<b>Transfers (bed to chair and back)</b> 0 = unable, no sitting balance 5 = major help (one or two people, physical), can sit 10 = minor help (verbal or physical) 15 = independent	
9.	<b>Mobility (on level surfaces)</b> 0 = immobile or <50 yards 5 = wheelchair independent, including corners, >50 yards 10 = walks with help of one person (verbal or physical) >50 yards 15 = independent (but may use any aid; for example, stick) >50 yards	
10.	<b>STAIRS</b> 0 = unable 5 = needs help (verbal, physical, carrying aid) 10 = independent	
	<b>AMOUNT</b>	

### CARE CATEGORY

MINIMALAN CARE – independent patient

MODERATE CARE – patient requires assistance with some activities

EXTENDED CARE – patient requires assistance with all activities

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## PERIODIC TREATMENTS AND CHECKS\*

MEDICAL

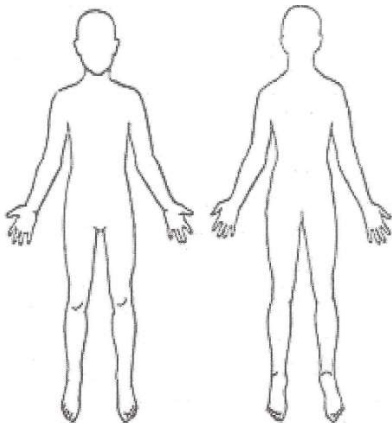
NURSING

REHABILITATION

THERAPEUTIC

OTHER

## TICKS SORES



## NOTES

\* WRITE WHAT ON THE BACK OF THE CARD

\*\* SHALL BE CARRIED OUT BY A PERSON PROFESSIONALLY QUALIFIED TO CARRY OUT THIS ACTIVITY