

## Northwick Park Dependency Scale: Self-complete version 7.7.2011

*These questions are about how able you are to look after yourself. From what you tell us we can work out:*

- *The time it takes to support someone who cannot manage without help from others*
- *The number of people needed to assist with some activities*
- *What it would cost if all this care were to be provided from outside*

*Please answer every question, even if you can manage some things alone.*

### 2A: Moving around in general

*Please **tick one box** in each section. If you are not sure which of two or more answers to select, please select the one nearest the bottom of the list.*

#### **MOBILITY ... How do you move around indoors?**

- Without any help
- Without any help apart from a walking aid - e.g. a stick or frame
- With **one person** helping or watching over you
- With **more than one person** helping
- Use a wheelchair independently - including turning corners
- Use a wheelchair pushed by someone else
- Don't move around at all or are bed-bound

#### **TRANSFERS ... How do you move from bed to chair and back?**

- On your own without any help
- With help or supervision from **one person**
- With help from **two people**
- You use a hoist
- You do not move from bed to chair

#### **STAIRS ... How do you climb stairs at home?**

- Without any help
- With someone carrying your walking aid or providing encouragement
- With physical help from someone
- Use a stair lift
- Never climbs stairs
- You do not have stairs - e.g. lives in a bungalow

## 2B: Personal care - washing, bathing, dressing and skin care

Please **tick one box** to show how much help is needed for each of the three activities below.

- **If you are not sure which of two or more answers to choose**, please select the one nearest the bottom of the list.
- **Washing and grooming** includes washing your hands and face, cleaning teeth, brushing hair and shaving or putting on make up.
- **Bathing or showering** includes getting to the bath or shower room, transferring in and out, washing and drying yourself.
- **Dressing** includes putting on shoes and socks, tying laces, putting on a splint or prosthesis.
- **'Setting things up'** refers to getting things ready, such as running the basin or bath, or putting things out, such as wash things or clothes.

	Washing and grooming	Bathing or showering	Dressing
No help needed, manages on your own	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Help/Supervision needed:</b>			
To set things up only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Incidental help (e.g. buttons, shoelaces)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
From <b>one person</b> and takes <b>under ½ hour</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
From <b>one person</b> and takes <b>over ½ hour</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
From <b>two people</b> and takes <b>under ½ hour</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
From <b>two people</b> and takes <b>over ½ hour</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Please ensure you have ticked one box in each column**

### AVOIDING PRESSURE SORES:

**How much help do you need to relieve skin pressure (eg turning, shifting position)**

**- when in bed or when sitting in a chair?**

- Not applicable – don't need to do anything to relieve skin pressure
- Skin is intact and you can relieve pressure independently
- Need prompting (reminding) only to relieve pressure
- Skin is intact** but you need physical help from **one person** to change your position
- Skin is intact** but you need physical help from **two people** to change your position
- Skin is marked or broken** and you need help from **one person** to change your position
- Skin is marked or broken** and you need help from **two people** to change your position

## 2C: Eating and drinking

Please tick one box in each section.

### EATING FOOD

How much help do they need with eating food?

**No help needed** - able to eat independently with or without special cutlery

**Need some help or supervision/prompting:**

**To set up only** - e.g. cutting up food or spreading butter

From **one person** and takes **under ½ hour**

From **one person** and takes **over ½ hour**

**Fed through a tube** – e.g. a gastrostomy or nasogastric tube

### DRINKING FLUIDS

How much help do they need with drinking?

**No help needed** - able to pour their own drink and drink it independently

**Need some help or supervision/prompting:**

But able to drink independently if a cup is left within reach

From **one person** and takes **under ½ hour**

From **one person** and takes **over ½ hour**

**Receive fluids through a tube** - e.g. a gastrostomy or nasogastric tube

### TUBE FEEDING

If you are fed through a gastrostomy or nasogastric tube, how much help is needed?

**Not applicable** - not tube fed

Fed through a tube **but can manage this independently**

**Need some help or supervision:**

To set up a feed just **once a day**

To set up a feed **twice a day**

To set up a feed **three times a day**

Need extra flushes **during the day** in addition to flushes before/after feeds

Need extra flushes **during the day and night** in addition to before/after feeds

## 2D: Emptying the bladder and continence of urine

Please **tick all that apply**.

- **Using the toilet** includes getting there and transferring onto the toilet seat, cleaning yourself, adjusting clothing and washing hands afterwards.

**Which method do you use to empty your bladder?**

<b>By DAY</b>		<b>By NIGHT</b>
<input type="checkbox"/>	Toilet	<input type="checkbox"/>
<input type="checkbox"/>	Commode	<input type="checkbox"/>
<input type="checkbox"/>	Bottles	<input type="checkbox"/>
<input type="checkbox"/>	Catheter/convence	<input type="checkbox"/>
<input type="checkbox"/>	Bed-pan	<input type="checkbox"/>
<input type="checkbox"/>	Pads	<input type="checkbox"/>

Please **tick one box** in each section below.

- **If you are not sure which of two or more answers to choose** as far as the number of people needed to help and the time taken are concerned, please select the one nearest the bottom of the list.

### HELP TO EMPTY BLADDER

**Do you need help when emptying your bladder?**

- No help needed** can manage everything independently

**Need some help or supervision:**

- Have a catheter or convence which is emptied for you
- Help for set up only - e.g. copes if bottles are within reach
- Help from **one person** and takes **under ¼ hour**
- Help from **one person** and takes **over ¼ hour**
- Help from **two people**

### FREQUENCY:

**If you need help for emptying your bladder, how many times a day do you go?**

- | <b><u>Day-time</u></b>                                   | <b><u>Night-time</u></b>                                    |
|--|---|
| <input type="checkbox"/> <b>No help</b> needed           | <input type="checkbox"/> <b>No help</b> needed              |
| <input type="checkbox"/> <b>Up to four times</b> a day   | <input type="checkbox"/> <b>Up to two times</b> a night     |
| <input type="checkbox"/> <b>Five or more times</b> a day | <input type="checkbox"/> <b>More than two times</b> a night |

## BLADDER ACCIDENTS

A bladder accident is leakage of urine that requires a change of clothes/bedding. It includes leaks from a catheter or convener, or accidental spillage from a bottle

### Do you have bladder accidents?

- Never** have bladder accidents
- Have **occasional accidents** - less than once a week
- Have **regular accidents** - more than once a week
- Have **accidents once or twice** a day
- Have **accidents more than twice** a day

## 2E: Using the toilet to open the bowels and control of the bowels

*Please tick one box in each section.*

- *If you are not sure which of two or more answers to choose as far as the number of people needed to help and the time taken are concerned, please go with the one nearest the bottom of the list.*
- *Using the toilet includes getting there and transferring onto the toilet seat, cleaning yourself, adjusting clothing and washing hands afterwards.*
- *Also includes dealing with a colostomy bag hygienically if they use one or using pads, bed-pan etc.*

## HELP TO OPEN YOUR BOWELS

### Do you need help using the toilet to open your bowels?

- No help needed** can manage everything independently

### Need some help or supervision

- For set up only - e.g. giving an enema or suppositories
- From **one person** and takes **under ¼ hour**
- From **one person** and takes **over ¼ hour**
- From **two people** and takes **under ¼ hour**
- From **two people** and takes **over ¼ hour**

## FREQUENCY

If you need help to open your bowels, how many times a day do you go?

### Day-time

- No help** needed
- Once a day** or less often
- More than once** a day

### Night-time

- No help** needed
- Up to two times** a night
- More than two times** a night

## BOWEL ACCIDENTS

A bowel accident is leakage of faeces or soiling requires a change of clothes/bedding.

Do you have bowel accidents?

- Never** have bowel accidents
- Do not have accidents provided someone gives you a regular enema or suppositories to remain continent
- Have **occasional accidents** – weekly or less often but not everyday
- Have **regular accidents** – more than once a week
- Have **more frequent accidents** - one or more times a day

2F: Special nursing needs requiring input from a nurse or trained carer?

***Please tick any that apply***

Do you have any of the following needs for trained nursing?

- A **tracheostomy** and/or ventilation support - either invasive or non-invasive
- An **open pressure sore** or a **wound** requiring dressings once a week or more often
- Splints or a brace** requiring time and experience to apply
- An **additional medical or surgical problem** causing a significant temporary increase in nursing needs
- You or other family members receive regular **psychological support** or counselling
- Need **more than two interventions at night**
- A need for **one-to-one special nursing care** from a nurse or trained carer

**Please tick any that apply**

**Do you need skilled help from a nurse or trained carer for any of the following?**

**Suppositories/enema**

Times per week: ..... Provided by:  Family  Home care  Nurse

**Stoma care** (tracheostomy, gastrostomy, etc)

Times per week: ..... Provided by:  Family  Home care  Nurse

**Pressure sore/wound dressing**

Times per week: ..... Provided by:  Family  Home care  Nurse

**Special medication** (e.g. insulin injections)

Times per week: ..... Provided by:  Family  Home care  Nurse

Other.....

## 2G: Taking medication

***Please tick one box only in this section***

**How much help do you need to take medication**

**- including remembering to take it, opening bottles etc?**

- Not applicable** - not taking any medication
- No help needed** - able to take all medication independently
- Able to help yourself** if tablets are left out in the morning
- Require help for **medication to be given**

**Which times per day does any medication need to be given?**

Morning  Mid-morning  Mid-day  Afternoon  Evening  Bed-time

Or alternatively say how many times a day:  1  2  3  4  5  6 or more

## 2H: Making a snack or meal

**How much help do you need to make a snack or meal?**

- Not applicable** – entirely gastrostomy fed
- Able to make a snack and drink** at home independently
- Able to help yourself** if a snack is left out in the kitchen
- Need meals or drinks **putting in front of you**

## 2H: Help with domestic duties

**Do you require help with the following domestic duties?**

	Do not need help	Can do some things	Unable to do anything	Could manage but other people do it
a) Light housework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Heavy housework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Laundry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 2I: Communication, safety, behaviour

**These questions ask about problems that affect the communication, safety and/or your behaviour.**

- **Please answer them all**, even if they do not seem to apply in your case.

**Please tick one box only in each section.**

### COMMUNICATION

**How well are you able to communicate about your needs?**

- Able to communicate** about all your needs
- Able to communicate basic needs **without help** – may have some speech difficulties
- Able to communicate basic needs **with a little help**, or by using a communication aid or chart
- Able to **respond to direct questions** about basic needs
- Responds **only to gestures** – signs or miming – and visual clues



## SAFETY

### How much help do you need to remain safe?

- Always know where you are, the time of day and are aware of personal safety
- Require some **help with safety**, but could safely be left for **more than 2 hours** and **could call for help** in emergency
- Require **help to maintain safety**. Could **not be left safely for 2 hours** and **could not call for help** in an emergency
- Requires **constant supervision** or checks at least once an hour

## BEHAVIOUR

### How much of a problem is your behaviour

- No problem behaviours** and act in a socially appropriate way
- Need **verbal and/or physical prompting** for daily activities
- Need **persuasion to participate** in care, activities or rehabilitation
- Need a **structured programme** designed to improve your behaviour
- Disruptive, may show **physical/verbal aggression** to others which you cannot always control
- Inclined to wander out of the house** on a regular basis