Northwick Park Dependency Scale: CARER self-complete version 7.7.2011

These questions are about how able the person you care for can look after themselves. 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 they 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 they 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 them
- [ ] 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 they move from bed to chair and back?
- [ ] On their own without any help
- [ ] With help or supervision from **one person**
- [ ] With help from **two people**
- [ ] They use a hoist
- [ ] They do not move from bed to chair

#### STAIRS … How do they climb stairs at home?
- [ ] Without any help
- [ ] With someone carrying their walking aid or providing encouragement
- [ ] With physical help from someone
- [ ] Use a stair lift
- [ ] Never climbs stairs
- [ ] They 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 their 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 themselves.

- **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.

<table>
<thead>
<tr>
<th>Washing and grooming</th>
<th>Bathing or showering</th>
<th>Dressing</th>
</tr>
</thead>
<tbody>
<tr>
<td>No help needed, manages on their own</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Help/Supervision needed:

<table>
<thead>
<tr>
<th>To set things up only</th>
<th></th>
<th></th>
</tr>
</thead>
</table>

- Incidental help (e.g. buttons, shoelaces)  
- From **one person** and takes under ½ hour
- From **one person** and takes **over ½ hour**
- From **two people** and takes under ½ hour
- From **two people** and takes **over ½ hour**

Please ensure you have ticked one box in each column

**AVOIDING PRESSURE SORES:**

How much help do they 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 they can relieve pressure independently
- Need prompting (reminding) only to relieve pressure
- **Skin is intact** but they need physical help from **one person** to change their position
- **Skin is intact** but they need physical help from **two people** to change their position
- **Skin is marked or broken** and they need help from **one person** to change their position
- **Skin is marked or broken** and they need help from **two people** to change their 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 they 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 one box in each section.

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

**Which method do they use to empty their bladder?**

<table>
<thead>
<tr>
<th>By DAY</th>
<th>By NIGHT</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Toilet</td>
<td>☐</td>
</tr>
<tr>
<td>☐ Commode</td>
<td>☐</td>
</tr>
<tr>
<td>☐ Bottles</td>
<td>☐</td>
</tr>
<tr>
<td>☐ Catheter/convene</td>
<td>☐</td>
</tr>
<tr>
<td>☐ Bed-pan</td>
<td>☐</td>
</tr>
<tr>
<td>☐ Pads</td>
<td>☐</td>
</tr>
</tbody>
</table>

**HELP TO EMPTY BLADDER**

Do they need help when emptying their bladder?

☐ **No help needed** can manage everything independently

**Need some help or supervision:**

☐ Have a catheter or convene which is emptied for them

☐ 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 they need help for emptying their bladder, how many times a day do they go?

<table>
<thead>
<tr>
<th>Day-time</th>
<th>Night-time</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ No help needed</td>
<td>☐ No help needed</td>
</tr>
<tr>
<td>☐ Up to four times a day</td>
<td>☐ Up to four times a night</td>
</tr>
<tr>
<td>☐ Five or more times a day</td>
<td>☐ Five or more times a night</td>
</tr>
</tbody>
</table>
BLADDER ACCIDENTS
A bladder accident is leakage of urine that requires a change of clothes/bedding. It includes leaks from a catheter or convene, or accidental spillage from a bottle.

Do they 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.

- **Using the toilet** includes getting there and transferring onto the toilet seat, cleaning themselves, 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 they need help using the toilet to open their 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 they need help to open their bowels, how many times a day do they go?
- No help needed
- Once a day or less often
- More than once a day
BOWEL ACCIDENTS
A bowel accident is leakage of faeces or soiling requires a change of clothes/bedding.

Do they have bowel accidents?
☐ Never have bowel accidents
☐ Do not have accidents provided someone gives them 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 they 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
☐ They 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 they 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 they 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 / meal

Please *tick one box only in this section*

How much help do they 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 themselves if a snack is left out in the kitchen

☐ Need meals or drinks **putting in front of them**

2I: Help with domestic duties

Do they require help with the following domestic duties?

<table>
<thead>
<tr>
<th></th>
<th>Do not need help</th>
<th>Can do some things</th>
<th>Unable to do anything</th>
<th>Could manage but other people do it</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Light housework</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>b) Heavy housework</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>c) Shopping</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>d) Laundry</td>
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</tbody>
</table>
These questions ask about problems that affect the communication, safety and/or their behaviour.

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

Please tick one box only in each section.

### COMMUNICATION

**How well are they able to communicate about their needs?**

- [ ] Able to communicate about all their 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 they need to remain safe?**

- [ ] Always know where they 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 their 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 their behaviour
- [ ] Disruptive, may show physical/verbal aggression to others which they cannot always control
- [ ] Inclined to wander out of the house on a regular basis