

# PREPARED

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*office use only*

Patient ID No.

Hospital

## CARER QUESTIONNAIRE

### SECTION 1 : QUESTIONS ABOUT YOU, THE CARER

1 Home post code .....

2 Today's Date / / 20\_\_\_\_\_

*Please circle*

3 Your gender Male Female

4 Your date of birth / /

5 Your relationship to the patient .....

*Please tick*

6 You have been identified as the **principal** relative or friend who is looking after the patient in some way. Yes   
Are there any other relatives or friends who also assist? No

*Please tick*

8 Do you live at the same address as the patient? Yes   
No

**WE ARE INTERESTED IN HOW MUCH INFORMATION YOU RECEIVED FROM THE HOSPITAL TO PREPARE YOU FOR COPING AT HOME WITH THE PATIENT**

**SECTION II: WHILE THE PATIENT WAS IN HOSPITAL:-**

- |  |   |   |
|--|---|---|
| <p><b>1</b> How much information did <b><u>you</u></b> receive about what medications were to be taken home by the patient?<br/><i>Please tick only one box</i></p>  | <p>As much as I needed</p> <p>Some, but not enough</p> <p>None</p> <p>Patient is not taking <b><u>any</u></b> medications</p> | <p><input type="radio"/></p> <p><input type="radio"/></p> <p><input type="radio"/></p> <p><input type="radio"/></p> |
| <p><b>2</b> How much information did <b><u>you</u></b> receive about the side effects of the medications to be taken home by the patient?<br/><i>Please tick only one box</i></p>  | <p>As much as I needed</p> <p>Some, but not enough</p> <p>None</p> <p>Patient is not taking <b><u>any</u></b> medications</p> | <p><input type="radio"/></p> <p><input type="radio"/></p> <p><input type="radio"/></p> <p><input type="radio"/></p> |
| <p><b>3</b> How much information did <b><u>you</u></b> receive on how <b><u>you</u></b> would manage the patient with personal care?<br/><i>(ie. how <u>you</u> would help the patient with showering, bathing, dressing etc) Please tick only one box</i></p> | <p>As much as I needed</p> <p>Some, but not enough</p> <p>None</p>  | <p><input type="radio"/></p> <p><input type="radio"/></p> <p><input type="radio"/></p>                              |
| <p><b>4</b> How much information did <b><u>you</u></b> receive about <b><u>community services</u></b> the patient might use at home?<br/><i>(e.g. Domiciliary Care, District Nurse, Meals on Wheels etc) Please tick only one box</i></p>                      | <p>As much as I needed</p> <p>Some, but not enough</p> <p>None</p> <p>Patient does not need any</p>                           | <p><input type="radio"/></p> <p><input type="radio"/></p> <p><input type="radio"/></p> <p><input type="radio"/></p> |
| <p><b>5</b> How much information did <b><u>you</u></b> receive on any <b><u>equipment</u></b> the patient might use at home?<br/><i>(e.g. rails, shower chair, walking aids etc) Please tick only one box</i></p>  | <p>As much as I needed</p> <p>Some, but not enough</p> <p>None</p> <p>Patient does not need any</p>                           | <p><input type="radio"/></p> <p><input type="radio"/></p> <p><input type="radio"/></p> <p><input type="radio"/></p> |
| <p><b>6</b> Comments: Would you like to add anything to your answers on this page?<br/>.....</p>   |   |   |

**SECTION III:  
BEFORE THE PATIENT WAS DISCHARGED FROM HOSPITAL:-**

- 1 Did anyone arrange community services for the patient?  
(e.g. Domiciliary Care, District Nurse, Meals on Wheels etc)
- Yes  No
- Please tick only one box*
- No-one needed to:-   
*Services were already in place*
- No-one needed to:   
*No services needed*
- If you answered **YES**, have the services commenced? *or*  
If you answered **SERVICES WERE ALREADY INPLACE**, have the services recommenced?
- Yes  No
- 2 Did anyone arrange any equipment for the patient?
- Yes  No
- Please tick only one box*
- No-one needed to:-   
*Equipment already in place*
- No-one needed to:   
*No equipment needed*
- If you answered **YES**, does the patient have this equipment now?
- Yes  No
- 3 Did anyone talk to **you** about how **you** would manage **your** usual duties while caring for the patient? (e.g. shopping, showering, bathing, dressing, toileting, feeding, mobility, transportation)  
.....*Please tick correct box*
- Yes  No
4. Did you receive advice about services available for carers themselves? (eg carer respite services)
- Yes  No
- Please tick one box only*

4a.  
Please tell us more about this

.....

.....  
5 Comments: Would you like to add anything to your answers on this page?  
.....

**SECTION IV:  
AFTER THE PATIENT WAS TOLD HE/SHE COULD LEAVE HOSPITAL:**

1 How confident did **you** feel about managing at home? Confident   
*Please tick only one box* Unsure   
Not confident

1a. Please tell us more about this

.....  
.....  
.....

2 Were there any delays in the patient leaving hospital? Yes   
*Please tick* No

2a. If **YES**, what were the delays? Transport   
*Please tick as many as you wish* Medications   
Don't know   
*Please indicate* Other   
-----

3. Comments: Would you like to add anything to your answers on this section?

.....  
.....  
.....

**SECTION V:  
NOW THE PATIENT HAS BEEN OUT OF HOSPITAL FOR A WHILE:-**

1 Do **you** have any health problems which make it harder for **you** to look after the patient? Yes

*Please tick* No

1a. Please tell us more about this.....  
.....  
.....

2 Has anything been worrying **you** about managing the patient at home? Yes

*Please tick* No

2a. Please tell us more about this  
.....  
.....  
.....

3 Has anything been done to deal with your worries? Yes

*Please tick* No

3a. Please tell us more about this  
.....  
.....  
.....

4. Have any unexpected problems occurred since the patient left hospital to make **you** feel less confident about managing? Yes

*Please tick* No

4a. Please tell us more about this  
.....  
.....  
.....

5. If the patient has already received community services, have these services met everyone's needs?... *Please tick*
- |  |     |                       |
|--|-----|-----------------------|
|  | Yes | <input type="radio"/> |
|  | No  | <input type="radio"/> |

*Everyone = you, the patient and any one else involved*

5a. Please tell us more about this

.....

.....

.....

6. If equipment was provided for the patient, did it make things easier for **you**?
- |                    |     |                       |
|--------------------|-----|-----------------------|
|                    | Yes | <input type="radio"/> |
| <i>Please tick</i> | No  | <input type="radio"/> |

6a. Please tell us more about this

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**SECTION VI:  
IN THE FIRST WEEK AFTER THE PATIENT LEFT HOSPITAL:-**

1 Did **your** health suffer so that **you** had to see any of the following people **more often** than usual? *(Please put the number of times on each line)*

- |  |   |
|--|---|
| Your local doctor                        | Your specialist doctor                              |
| Physiotherapist                          | Chemist   |
| Occupational Therapist                   | Meals on Wheels                                     |
| Domiciliary Care                         | Other health professionals                          |
| District Nurse                           | Any other people who have helped you                |
| Hospital outpatient/<br>Emergency clinic | <i>Please write who they were on the line below</i> |

**SECTION VI (cont):  
IN THE FIRST WEEK AFTER THE PATIENT LEFT HOSPITAL:-**

2 Have **you** had to spend any extra money as a result of the patient's visit to hospital? (*such as taxi fares, petrol, etc*)

Yes  No

*Please tick*

2a. If so, what are these costs approximately?

|                     |    |   |    |
|---------------------|----|---|----|
| Taxi fares          | \$ | Petrol  | \$ |
| Extra shopping      | \$ | Gap payments for health services                  | \$ |
| Extra chemist costs | \$ | Private Health Services                           | \$ |
| Other               |    | <i>Please write what it was on the line below</i> |    |

3. Have **you** had to use any extra electricity as a result of looking after the patient?

Yes  No

*Please tick*

3a. If **YES**, what have you used it for?

.....

.....

**SECTION VII: LOOKING BACK TO THE TIME THE PATIENT LEFT HOSPITAL:**

1 Overall, how prepared did you feel for caring for the patient at home?

Totally prepared

*Please tick* Could have been better prepared

Unprepared

2. Were there any particular aspects of the patient's preparation for discharge whilst in hospital, that **you** would like to further comment on?

.....

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.....

**SECTION VII: (cont)**

**LOOKING BACK TO THE TIME THE PATIENT LEFT HOSPITAL:**

3. Were there any particular aspects of the patient's care after leaving hospital, that you would like to comment further on?

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There is also space for you to write on the back of this page if you want to write more

**THANK YOU FOR TAKING THE  
TIME TO COMPLETE THIS QUESTIONNAIRE**

**PLEASE PUT IT IN THE ENVELOPE PROVIDED  
AND RETURN IT TO US AS SOON AS POSSIBLE**



Dotted lines for text entry.

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