

# Looking after you

while you care for someone  
with a chronic illness



# About this booklet

**Caring for someone with a chronic condition is important. It can also be a challenging role that can affect your own health and wellbeing.**

Your doctor or nurse knows about these challenges and are experienced in supporting people in similar situations to you. They care about your health and it helps if they know what you are going through and the things that matter to you. But it can be hard to talk about all the things that are important to you when you go to see your doctor or nurse.

This booklet has a series of questions for you to answer that will help your doctor and nurse to understand any concerns you are experiencing, along with any questions you may have about your health or the health of the person you care for. It is like a conversation starter that captures important information about you that you can then talk about in more detail with your nurse and doctor.

The booklet asks about a range of issues that carers often experience. Please select the ones that apply to you. Complete the questions in the booklet and bring it with you when you next see your doctor or nurse. You may feel that some questions are not relevant to you, in which case please skip these.

It might be a good idea to book in a long appointment to see your doctor to go through the booklet. Or you may be asked to complete this booklet prior to a regular health check. It may take more than one appointment to talk about all the things that are important to you. That is okay. What's most important is starting the conversation with your health care professionals.

## NAT-CC – Caring for you.

### Needs Assessment Tool for Carers.

The topics below are often a concern for people close to someone with a chronic condition.

1. Please rate how concerned you are about each issue. Tick the box which best describes your level of concern **now**.
2. Tick the topics you want to discuss with your doctor or nurse, either now or at some stage in the future.

Your full name:				Date:	
Information issues	Level of concern (tick one)			I would like to discuss this with my doctor or nurse? (tick one if applicable)	
	None	Some	A lot	Now	Later
Finding general information about the person I am caring for and their condition(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finding specific information to give to the person I am caring for about their condition(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What to expect during their illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How to plan for the unexpected things relating to the illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How to plan for my future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ways to care for the person at home, e.g. techniques, equipment or diet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing financial matters, e.g. getting Centrelink allowances and other benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accessing support services for the person I am caring for, e.g. community nursing or aged care services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal matters, e.g. preparing or updating a will	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not knowing who to go to with my questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My ability to give information to the person I am caring for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Your full name:				Date:	
	Level of concern (tick one)			I would like to discuss this with my doctor or nurse? (tick one if applicable)	
	None	Some	A lot	Now	Later
<b>Practical issues</b>					
My ability to look after myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My ability to look after the person I am caring for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My medical conditions limit my ability to do things I have to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The person I am caring for has symptoms that limit their ability to function	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The person I am caring for is having difficulty looking after him/herself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My skills limit what I want to do for the person I am caring for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other issues limit my ability to do what I want to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Personal health and well-being issues</b>	<b>None</b>	<b>Some</b>	<b>A lot</b>	<b>Now</b>	<b>Later</b>
My own physical health is a concern	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have problems with tiredness or lack of energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being a carer impacts on my choices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being a carer impacts on my happiness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being a carer impacts on my self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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<b>Your full name:</b>				<b>Date:</b>	
	Level of concern (tick one)			I would like to discuss this with my doctor or nurse? (tick one if applicable)	
<b>Relationship issues</b>	<b>None</b>	<b>Some</b>	<b>A lot</b>	<b>Now</b>	<b>Later</b>
I have problems in close/intimate relationships with the person I am caring for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have problems in other relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My ability to communicate with the person I am caring for is limited	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My ability to communicate with others is limited	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The person I am caring for has problems in close/intimate relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The person I am caring for has problems in other relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The person I am caring for has limited ability to communicate with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Meaning issues</b>	<b>None</b>	<b>Some</b>	<b>A lot</b>	<b>Now</b>	<b>Later</b>
The illness and its effects are challenging my beliefs and values	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The illness and its effects are challenging the beliefs and values of the person I am caring for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The illness and its effects are challenging because of my culture, or the culture of the person I am caring for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**Questions you may like to ask your doctor or nurse**  
**(tick any questions you would like to ask)**

- ☐ What can be done to improve my well-being?
- ☐ Are there any other care services available that can assist me to care for my relative/friend?
- ☐ What help, assistance or information is available to support the person I am caring for?
- ☐ What help or support is available for me and other members of the family?
- ☐ What can the person I am caring for expect in the future with their condition(s)?

**Your own questions or concerns – please list here:**

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**To help your doctor or nurse understand what matters most to you, please write the most important issues that have been raised from filling out this booklet below.**

**The top three concerns or questions I want to talk about with my doctor or nurse now, or in the near future, are:**

1. 

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2. 

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3. 

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Now that you've completed the booklet, book an appointment with your doctor or nurse to talk more about the things that are concerning you.

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