



Assessment tool for general practitioners "Caregivers"

Category of care activity	Intensity of care			Subjective burden ¹			Receives prof. support	Need for additional support/respice
	never	sometimes	often	low	moderate	high		
Being there (e.g. emotional and social support)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Coordinating and planning (e.g. organising medical appointments, day care structure)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Handling finances and administrative matters (e.g. completing tax return, payments)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Practical assistance (e.g. transport, shopping, cooking, cleaning, gardening)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Special care (e.g. help with personal hygiene, getting dressed, going to the toilet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Medical assistance (e.g. dispensing medication, dressings, positioning)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Keeping an eye out and observing during the day (e.g. if care recipient is likely to run away)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Keeping an eye out and helping during the night (e.g. checks of risk of falling, need for support)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

Initial consultation: jointly agreed priority measures (Comments are noted in the patient file):

1.

2.

3.

Overall assessment and comments from the general practitioner (incl. identified risk factors, any differences between the assessments by professional(s) and caregivers, date for re-assessment, etc.):

¹It is the subjectively perceived burden that is relevant to increased morbidity and mortality among caregiving relatives due to chronic stress (Schulz, R. & Beach, S.R. (1999) Caregiving as a Risk Factor for Mortality, JAMA, DOI: 10.1001/jama.282.23.2215)

A qualitative assessment tool for interprofessional cooperation on early detection of a need for support/respite

This assessment is: (please chose and tick)

Initial assessment	Follow-up
<input type="checkbox"/>	<input type="checkbox"/>

Patient details (for diagnoses and classification of care needs, see patient file):

Last name	First name	Date of birth	Current place of residence	Present at assessment	
				Yes	No
				<input type="checkbox"/>	<input type="checkbox"/>

Details of key caregivers/members of the informal support system

Last name	First name	Role/relationship to patient	Place of residence	Present at assessment	
				Yes	No
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Details of professional who completed the grid with the persons concerned

Name, function (date):

Name of professional who performed the initial coaching

Name, function (date):

Details of the general practitioner in charge

Last name

Date, initials:

Aim and purpose of the assessment

Professionals working in healthcare, social services and community services have relations of trust both with the patient and their relatives. They recognise when a care system is reaching its limits and when those involved need psychosocial support or respite. Early detection has a positive impact on the physical, psychological and social well-being of the patients and their relatives.

Brief guide to the assessment

The general practitioner initiates the assessment process (possibly following referral from external professionals). They can either perform all assessment steps themselves or delegate individual steps to appropriately qualified and trained members of the interprofessional practice team (e.g. nursing staff, social worker, medical practice coordinator). The grid is first completed (by a member of the practice team) together with the persons concerned (carer(s) and/or patient present). Determining the objective and subjective caregiving burden helps to recognise the need for additional supportive and respite measures. During the consultation, a member of the practice team identifies where priority action is needed together with the persons concerned. Caregivers can be referred to external specialists and services for more in-depth advice (e.g. social workers or municipal/cantonal advisory and coordination centres for the elderly, Pro Senectute, Swiss Red Cross, health organisations, palliative care organisations, etc.).

A tool of: the Swiss Federal Office of Public Health (FOPH)



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