NHS
Torbay and South Devon
NHS Foundation Trust

Carer's Health & Wellbeing Check

Supporting Carers in Torbay

Torbay Council

Introduction

This Check is about supporting you in your caring role. It will help you think about your own health and wellbeing and is a chance to talk about any concerns you may have and hopes for the future.

The Check covers questions which Carers have told us are important, but you do not have to answer them all and you may want to come back to it again.

You can complete the form on your own, but it will always be helpful to have a conversation with a Carer Support Worker to help put your plan into action.

The person you care for may be entitled to their own Care and Support Needs Assessment. This can be arranged separately - please just ask the worker who discusses this check with you.

As you complete the form, you can make a note of things that are important to you by putting a tick or comments on the side of the form.

All information is stored and shared in accordance with the Data Protection Act. It will only be shared with your consent and only for the purposes of supporting you to maximise your own health and wellbeing.

This Check is considered to be a 'light touch' Carer's assessment under the Care Act 2014.

The worker may also complete 'eligibility' and 'resource allocation' forms, if these are required.

This document can be made available in other languages and formats.
For information contact 01803 66 66 20 or signposts@nhs.net.

Your General Health - looking after yourself

Please tick boxes throughout the form

Do you have any diagnosed illness or disability — Yes ☐ No ☐

If yes, please give brief details:

If yes, is this illness or disability being monitored and are you doing what has been recommended? — Yes ☐ No ☐

Is there anything about your own health that worries you? — Yes ☐ No ☐

If yes, have you put steps in place to address eg seeking medical advice, or would it help to discuss further?

Have you had an admission to hospital in the past year? — Yes ☐ No ☐

Tick ✔ this column if you want to do something about this.

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Checks Ups and Screening

Have you taken up the following health checks/vaccinations? (Please tick as appropriate)

NR = Not Required

Dentist (annual)	Yes ☐	No ☐	NR ☐
Optician (annual)	Yes ☐	No ☐	NR ☐
Audiology (hearing problems)	Yes ☐	No ☐	NR ☐
Flu Vaccination (annual)	Yes ☐	No ☐	NR ☐
Pneumonia (one-off)	Yes ☐	No ☐	NR ☐
Bowel Cancer (Age 60 – 69, every 2 years)	Yes ☐	No ☐	NR ☐
Covid Vaccination	Yes ☐	No ☐	NR ☐

Tick ✔ this column if you want to do something about this,  or ask at your doctor's surgery

All adults

Chlamydia (sexually-transmitted disease) Yes ☐ No ☐ NR ☐

Women

Cervical Cancer (Age 25-49 every 3 years, 50-64 5 years) Yes ☐ No ☐ NR ☐

Breast Cancer (if at risk, or if over 50, every 3 years) Yes ☐ No ☐ NR ☐

Men

Aortic Aneurysm (aged 65+, one off) Yes ☐ No ☐ NR ☐

Medication

Do you currently take any prescribed medications? Yes ☐ No ☐

If no, skip to the next page

If yes, do you have any problems with these medications (eg side effects). If so, ask about community pharmacy support Yes ☐ No ☐

Have you had a medication review in the past 12 months? Yes ☐ No ☐ NA ☐

Tick ✔ this column if you want to do something about this.

Caring Tasks

On average how many hours per week do you look after the person you care for?

1 – 19 hours ☐ 20 – 49 hours ☐ 50+ hours ☐

Does your caring role involve you in moving / handling the person you care for or using equipment? Yes ☐ No ☐

If yes, do you have any pain associated with this? Yes ☐ No ☐

Would you like advice / training on using equipment or making caring safer for you? Yes ☐ No ☐

Do you need information or advice on the condition of the person you care for? Yes ☐ No ☐

Would you like support around finances / benefits as a Carer? Yes ☐ No ☐ NA ☐

Do you receive Carer's Allowance? Yes ☐ No ☐

Do you remember having a Carers Assessment, Carer's Direct Payment or Emotional Support vouchers in the past?
If yes, please give details including date (if known):

Yes ☐ No ☐ Unsure ☐

Tick ✔ this column if you want to do something about this.

Would you like to talk about:

Employment or volunteering?	Yes ☐	No ☐	NA ☐
Education or learning?	Yes ☐	No ☐	NA ☐
Leisure opportunities and linking with other people?	Yes ☐	No ☐	NA ☐
Other services including community based support?	Yes ☐	No ☐	NA ☐
Are there any caring tasks that you currently undertake that you would prefer not to, or are there any changes you would like to make?	Yes ☐	No ☐	NA ☐

If yes please give details:

Tick ✔ this column if you want to do something about this.

Would you like to talk about practical aspects of caring, such as:

Help with shopping, housework or cooking (for yourself or the person you care for)?	Yes ☐	No ☐
Getting a break from caring/having time to myself?	Yes ☐	No ☐
Advice on continence care?	Yes ☐	No ☐
Advice on medication or treatment?	Yes ☐	No ☐
Pressure ulcer prevention?	Yes ☐	No ☐
Planning for emergencies?	Yes ☐	No ☐
Your safety and security (personal, fire, home)?	Yes ☐	No ☐
Dealing with isolation or having contact with other carers?	Yes ☐	No ☐
Talking to the person I care for or family about my caring role?	Yes ☐	No ☐
Planning for the future?	Yes ☐	No ☐

The Impact of Caring (World Health Organisation Questions)

Please indicate for each of the five statements which is closest to **how you have been feeling over the last two weeks**. Notice that higher numbers mean better well-being.

	At no time	Some of the time	Less than half the time	More than half the time	Most of the time	All of the time
1. I have felt cheerful and in good spirits	0	1	2	3	4	5
2. I have felt calm and relaxed	0	1	2	3	4	5
3. I have felt active and vigorous	0	1	2	3	4	5
4. I woke up feeling fresh and rested	0	1	2	3	4	5
5. My daily life has been filled with things that interest me	0	1	2	3	4	5

TOTAL

Tick ✔ this column if you want to do something about this.

Tick ✔ this column if you want to do something about this.

Have you suffered a bereavement in the past year? Yes ☐ No ☐

Has caring caused difficulties in any relationships? Yes ☐ No ☐

Would you like to talk about this? Yes ☐ No ☐

How well do you look after your own health and wellbeing including eating and sleeping well? Please rate on scale 1 – 5 (1 = not at all 5 = extremely well)

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

Please think about the things that work well in your caring role, and the skills you have (feel free to list them here). Can these strengths help you when drawing up action plan at the end?

Is there anything else you would like to discuss?

Your Lifestyle

We know that Carers often ignore their own health so, we can offer support to help you with this if you wish.

Tick ✔ this column if you want to do something about this.

How often do you eat 5 portions of fruit and vegetables in a day?	Every day ☐	Most days ☐	Not often ☐	Never ☐
Do you have a hot meal regularly?	☐	☐	☐	☐
How many days do you eat fried food?	☐	☐	☐	☐
Have you had your cholestrol checked?			Yes ☐	No ☐
Do you or a professional have any concerns about your weight?			Yes ☐	No ☐
Would you like to do more exercise?			Yes ☐	No ☐
Would you like advice on healthy eating?			Yes ☐	No ☐
If yes, would you like someone to contact you about support?			Yes ☐	No ☐

Feel free to add your weight and height here .....

Tick ✔ this column if you want to do something about this.

Do you smoke at all? Yes ☐ No ☐

If yes, would you like support to stop smoking? Yes ☐ No ☐

How often per week do you have an alcoholic drink? .....

Do you or does anyone else worry about your alcohol use? Yes ☐ No ☐

If yes, would you like someone to contact you about support? Yes ☐ No ☐

Would you like support about drug use (eg cannabis or abuse of prescription drugs)? Yes ☐ No ☐

Would you like support about any sexual health issues? Yes ☐ No ☐
(eg pregnancy, contraception, sexually transmitted diseases, sexual relationships)

Any other concerns?

Summary Page - to be completed with worker

Situation; Background; Assessment Summary (what Carer does and how it affects them); Carer's strengths and views; Recommendations including planned outcomes

Carer's Action Plan

Your Name ..... Date Of Birth .....

Worker's Name ..... Contact Details .....

This section is to help you confirm what action you need to take, or support you need from others, to improve or maintain your own health and wellbeing.

Need - Information and Support	Action required	By whom	When
Outcome...			
Information - Carer's info/leaflets ☐ Support to person Cared for ☐ Practical support ☐ Links to local activities / facilities ☐ Other...			
Support for Carer - Carers Register ☐ Carers' Groups ☐ Carers' Courses ☐ Lifestyles' Support ☐ Health Support ☐ Employment Training/Education/Volunteering ☐ Caring for other children ☐ Maintaining other relationships ☐ Other...			

Need - Emotional Support	Action required	By whom	When
Outcome...			
Someone to talk to - Professional Ongoing Carer Support Worker ☐ Depression and Anxiety Support ☐ Counselling/Emotional Support Scheme ☐ Other... ...			
Reduce Isolation - talk to other people Peer Support ☐ Telephone Line Support ☐ Counselling/Emotional Support Scheme ☐ Community Based Support ☐ Other...			

Need - A Break from Caring	Action required	By whom	When
Outcome...			
Improved finances Carer's Finance or benefit advice ☐ Other finance/benefit advice ☐ Other... ...			

Need - A Break from Caring	Action required	By whom	When
Outcome...			
Improved support to Person Cared for Refer for further support ☐ Practical Support ☐ Other... ...			

Need - Support for other People Affected	Action required	By whom	When
Outcome...			
Support for Carers under 25 ☐ Support for any other Carers identified ☐ Support with Childcare ☐			

I agree that the information provided in my Carer's Health and Wellbeing Check and Action Plan will be shared with Health and Social Care services who can contribute to my support. I understand that this information may be used for the purpose of providing a service or support to me.

Signed (Carer) . . . . . Dated . . . . . .

Signed (Worker) . . . . . Dated . . . . . .

If you are unhappy with this assessment or its outcome, please contact Signposts on:
signposts@nhs.net or **(01803) 66 66 20**.

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