

Care Needs Over Time

A caregiver tracking tool for noticing meaningful changes in the amount of support a person needs.

Care needs can change gradually, after an illness or hospitalization, or when a familiar routine becomes harder. This tool gives you a consistent way to record how much support is actually needed for everyday activities and to notice changes that may deserve a closer look.

UNDERSTANDING THE CARE-SUPPORT SCORES

Score	Support Level	What This Means
0	Independent	Completes the activity without caregiver assistance, prompting, or supervision.
1	Reminder	Completes the activity independently after a verbal, written, visual, or other reminder or cue.
2	Supervision	Performs the activity without hands-on help, but another person remains nearby for safety, cueing, guidance, or reassurance.
3	Some Help	Performs part of the activity but needs hands-on assistance with some portion of it.
4	Full Help	Requires another person to perform most or all of the activity or provide full hands-on assistance.

HOW TO SCORE CONSISTENTLY

Score the support actually needed at the assessment. If ability fluctuates, use the level that best represents the usual current need and note the fluctuation. Try to score the same activities each time so comparisons remain useful.

READ THE ROWS FIRST

Individual activities matter more than a single summary number. A change in one activity can be important even when most other areas are unchanged.

WHEN TO REASSESS

Monthly can be useful when needs are changing. Also reassess after hospitalization or rehabilitation, after a meaningful change in health or function, or whenever the current care arrangement no longer seems to fit.

IMPORTANT

These scores are organizational trend indicators only. They are not a clinical assessment, disability rating, or measure of medical improvement or decline. A meaningful change may be worth discussing with the appropriate healthcare or rehabilitation professional.

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Enter an assessment date at the top of each column, then score each activity from 0 to 4. Leave an activity blank if it does not apply.

0 Independent | 1 Reminder | 2 Supervision | 3 Some Help | 4 Full Help

Care Activity	Date 1 _____	Date 2 _____	Date 3 _____	Date 4 _____	Date 5 _____	Date 6 _____	Date 7 _____	Date 8 _____	Date 9 _____	Date 10 _____	Date 11 _____	Date 12 _____
Bathing												
Dressing												
Personal Care												
Toileting												
Eating / Meals												
Medication Routine												
Mobility												
Transfers												
Stairs												
Communication												
Memory / Cues												
Household												
Transport												
Other: _____												

Look across each row to see where support needs are changing. The purpose is to notice patterns and specific changes — not to create a medical score.

What Changed — and What Needs Attention?

Use this page after reviewing the chart. Focus on changes that affect safety, independence, the care routine, or the amount of help someone needs.

CHANGES I NOTICED

Activity	Earlier support	Current support	What changed?

WHAT MAY NEED FOLLOW-UP

A change that affects safety or makes an everyday task harder:

A change that may require more help, equipment, supervision, or a different routine:

A change that may be worth discussing with a healthcare or rehabilitation professional:

Something the person may be able to do with less help than before:

NEXT REASSESSMENT

Planned date: _____ Earlier if: _____