

Caring Excellence Personalized Home Care Services

Caregiver Pre- Employment Skills Assessment Survey

Name _____ Date _____

Have you ever had experience in the following areas?

Area	Yes	How Long	No
Nursing Assistant in Hospital or ECF			
Home Health Aide			
Caregiver with Personal Service Agency			
Personally Contracted Caregiver			
Day Care Worker			
Caregiver for Family Member - Adult or Child			
Volunteer with Elderly, Disabled or Children			
Currently Pursuing Education in Health Care Related Field			
Housekeeping or Cleaning Service			
Transport Service			
Social Service or Therapeutic Counseling			
Anger Management or Crisis Intervention			

Please briefly write about a specific time you went above and beyond in previous job _____

Circle the appropriate number for each item listed.

Key: 1 = Never have done 2 = Need assistance 3 = Can function without assistance

Companion and Home Helper Responsibilities:

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|---|---|---|---|
| 1 | 2 | 3 | Monitor Client Safety Needs |
| 1 | 2 | 3 | Monitor Client Special Diet, Food and Fluid Intake |
| 1 | 2 | 3 | Facilitate Client's Self Administration of Medications |
| 1 | 2 | 3 | Plan, Prepare and Clean up Client's Meals |
| 1 | 2 | 3 | Assist Client with Hearing Aid, Dentures, Glasses, Contacts |
| 1 | 2 | 3 | Assist Client with Hygiene Needs |
| 1 | 2 | 3 | Assist Client Walking with Cane or Walker |
| 1 | 2 | 3 | Housekeeping, Laundry and Ironing |
| 1 | 2 | 3 | Transporting Elderly or Physically Challenged |
| 1 | 2 | 3 | Supportive Care of Client with Alzheimer's disease |
| 1 | 2 | 3 | Pet Care and Walks |
| 1 | 2 | 3 | Communication with Elderly, Special Needs Client or Child |
| 1 | 2 | 3 | Make Appointments for Client and Communicate to Appropriately |
| 1 | 2 | 3 | Call "911", in Case of Client Emergency |

Personal Care Services

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| 1 | 2 | 3 | Assist Client with Bathing, Showering or Complete Bath |
| 1 | 2 | 3 | Assist Client with Grooming (Hair, Nails, Skin, Shave) or Total Grooming |
| 1 | 2 | 3 | Complete Oral Care |
| 1 | 2 | 3 | Assist Client with Dressing or Totally Dress Client |
| 1 | 2 | 3 | Assist Client with Toileting and Direct Regular Toileting |
| 1 | 2 | 3 | Incontinence Care |
| 1 | 2 | 3 | Assist Client with Bed to Chair or Wheelchair Transfers |
| 1 | 2 | 3 | Turn and Position Client in Bed |
| 1 | 2 | 3 | Change Bed Linen with Client in Bed |
| 1 | 2 | 3 | Empty Bladder Catheter Bag |
| 1 | 2 | 3 | Empty Stoma Bags |
| 1 | 2 | 3 | Take Vital Signs |
| 1 | 2 | 3 | Assist Client with Home Oxygen |
| 1 | 2 | 3 | Use Mechanical Lift Equipment |
| 1 | 2 | 3 | Brace, Immobilizers, Prosthesis, Cast, Sling, Walker Wheelchair (Circle) |
| 1 | 2 | 3 | Communication to Client that has difficulty Hearing, Seeing, or Speaking |
| 1 | 2 | 3 | Orientation and Reassurance of Confused Client to Person, Place and Time |
| 1 | 2 | 3 | Understands the Warning Signs of Adult or Child Abuse, Neglect or Exploitation |
| 1 | 2 | 3 | Comfortable with Caring for a Client with End of Life Needs |

Please briefly describe why you are interested in this position_____