



Personal Care Assistant Questionnaire

Name: _____

Address: _____

Phone #: _____

Call: 765-393-0618 | info@careplus-hhc.com

BHI at Home powered by Care Plus offers Personal Care Assistance for our campus residents. This questionnaire helps us gather information to understand your specific needs and determine how we can best serve you. Personal Care Assistant services are billed at a private pay hourly fee.

SELECT YOUR DESIRED SERVICES:

☐ **Personal Care:** Assistance with daily activities such as bathing, grooming, dressing, grocery shopping and errands.

☐ **Light Housekeeping:** Performing household chores like cleaning, laundry, and tidying up to maintain a safe and sanitary living environment.

☐ **Mobility:** Assistance with moving around safely including transferring and walking.

☐ **Companionship:** Providing emotional support, friendship, and engaging in social activities.

☐ **Medication Reminders:** Timely reminders to take medications as prescribed and tracking medication schedules.

☐ **Taking Vital Signs:** Keeping track of vital signs such as blood pressure, pulse, and temperature, especially for individuals with specific medical conditions.

☐ **Meal Preparation:** Planning and preparing nutritious meals based on dietary restrictions and preferences.

☐ **Feeding Assistance:** Helping individuals who may have difficulty feeding themselves, including those with physical limitations or cognitive impairments.

☐ **Other:** _____

SHARE YOUR SCHEDULING PREFERENCES:

How many visits per week do you anticipate? ☐ 1-2 visits ☐ 3-4 visits ☐ 5+ visits

How many hours per visit do you anticipate? ☐ 1-2 hours ☐ 3-4 hours ☐ 5+ hours

Select your preferred days of the week:

☐ Sunday ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday

Select your preferred visit time:

☐ Early Morning ☐ Late Morning ☐ Early Afternoon ☐ Late Afternoon ☐ Evening