The Family Caregiver Activation in Transitions® (FCAT®) Tool

Below are statements about challenges commonly faced by those caring for a loved one. Please mark how much you disagree or agree with each statement <u>as it applies to you personally today</u>.

| | 1) DISAGREE STRONGLY | 2) DISAGREE | 3) DISAGREE SLIGHTLY | 4) AGREE SLIGHTLY | 5) AGREE | 6) AGREE STRONGLY | |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------------|----------------------|----------------|----------------------|--|
| 1. | I am able to make sure my loved one goes to every scheduled medical appointment | | | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 | |
| 2. | I make sure a written list of questions is taken to each of my loved one's medical appointments | | | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 | |
| 3. | I know what things to watch for that would mean my loved one's condition is getting worse and how to respond | | | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 | |
| 4. | I maintain an ac | ccurate list of m | y loved one's m | edications | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 | |
| 5. | I have or will check with my loved one's doctor to make sure what medications my loved one should be taking (including how often and how much) | | | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 | |
| 6. | For every medicated taken | cation my loved | one is to take I | know when, ho | w much, and ho | ow it is to be | |
| | 1 | 2 | 3 | 4 | 5 | 6 | |
| 7. | I have a trusted pharmacist or pharmacy in my community that I can contact if I have medication questions | | | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 | |
| 8. | I keep a written record of my loved one's health conditions, allergies, medications, along with the names and phone numbers of treating health professionals | | | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 | |
| 9. | I understand which of the instructions in my loved one's care plan are most important and need to be completed first and which instructions are less urgent | | | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 | |
| 10 | 10. If my loved one needs help from a healthcare professional, I am confident I can insist until I get what is needed | | | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 | |
| | | | | | | | |

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The FCAT tool was developed to foster more productive interactions between health care professionals and family caregivers. Because it was developed with direct input from family caregivers, the items are both relevant to actual experience and are relatively easy to understand.

The FCAT tool has been designed to be administered by a health professional or self-administered by the family caregiver at the point of care at the time of transition or shortly thereafter. The care team could then review the responses. Those areas that the family caregiver identified as not feeling confident or prepared through completing the tool would be specifically addressed during discharge preparation instruction.