

Care Type Grid

Do I Need Personal Support, Nursing, or Companion Care?

Check off every task or need that applies. The column with the most checkmarks is your starting point. Many people need more than one type of support.

Part 1: What tasks or needs are present?

Task or Need	Personal Support (PSW / HHA / Care Worker)	Nursing (RN / LPN / District Nurse)	Companion (Befriender / Social Carer)
Bathing and personal hygiene	<input type="checkbox"/>	--	--
Dressing and grooming	<input type="checkbox"/>	--	--
Help using the toilet / continence care	<input type="checkbox"/>	--	--
Mobility help (getting in/out of bed, chair, walker)	<input type="checkbox"/>	--	--
Meal preparation and feeding	<input type="checkbox"/>	--	<input type="checkbox"/>
Medication reminders (not administration)	<input type="checkbox"/>	--	--
Light housekeeping and laundry	<input type="checkbox"/>	--	--
Shopping or errands	<input type="checkbox"/>	--	<input type="checkbox"/>
Wound care or dressing changes	--	<input type="checkbox"/>	--
Injections or intravenous therapy	--	<input type="checkbox"/>	--
Catheter care or management	--	<input type="checkbox"/>	--
Medication administration (not just reminders)	--	<input type="checkbox"/>	--
Clinical health monitoring and assessments	--	<input type="checkbox"/>	--
Post-surgical recovery support	--	<input type="checkbox"/>	--
Regular social visits and conversation	--	--	<input type="checkbox"/>
Accompaniment to appointments or outings	--	--	<input type="checkbox"/>

Recreational activities (cards, walks, hobbies)	--	--	<input type="checkbox"/>
Caregiver respite (giving family a break)	--	--	<input type="checkbox"/>

Part 2: My situation summary

	Personal Support (PSW / HHA / Care Worker)	Nursing (RN / LPN / District Nurse)	Companion (Social Carer / Befriender)
Number of tasks checked:	_____	_____	_____
Do I need this type?	Yes / No / Not sure	Yes / No / Not sure	Yes / No / Not sure
Hours per week (estimate):	_____	_____	_____
Schedule needed:	Morn / Aft / Eve / Flex	Morn / Aft / Eve / Flex	Morn / Aft / Eve / Flex

Part 3: Notes for the provider conversation

Location:

Private home
 Retirement residence
 Long-term care facility
 Other: _____

Special requirements (language, gender preference, specific condition or diagnosis):

Provider 1 name: _____ Notes: _____

Provider 2 name: _____ Notes: _____

Provider 3 name: _____ Notes: _____

Note for readers outside Canada and the United States: Role names differ by country. Ask any provider what training and credentials their workers hold and what they are permitted to do. The function matters more than the title.