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A companion to your eBook

A WORKBOOK FOR FAMILIES

# Compassionate Care Workbook

*Reflect. Document. Plan.*

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A companion to Dr. Arlene Binoya-Strugar's eBook *Compassionate Care: Personalized Support for Your Loved Ones*. Designed for families caring for an elderly loved one, this workbook helps you reflect on what you've read, document where things stand today, and prepare a clear picture you can hand to a professional caregiving team.

**Dr. Arlene Binoya-Strugar, PsyD**

Founder, Well Being Health Specialists

971-342-8424 · [director@wellbeinghs.com](mailto:director@wellbeinghs.com)

[wellbeinghs.com](http://wellbeinghs.com) · [author.direct/ArleneStrugar.html](http://author.direct/ArleneStrugar.html)

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*Care is about dignity, not just assistance.*

**BEFORE YOU BEGIN**

# How to use this workbook

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This workbook is built around the eight themes of Compassionate Care. Read the eBook first if you can — then come here. Each section opens with a brief reminder of what the chapter covered, followed by reflection prompts and short assessment questions adapted from the same instruments professional caregivers use.

There are no right or wrong answers. The point is to capture an honest snapshot of where things stand today, in your loved one's life and yours.

**TAKE YOUR TIME**

Plan for about 45 minutes. Most families fill this out in two sittings — that's normal and welcome.

**FILL IT OUT TWO WAYS**

Type directly into the form fields, or print and write by hand. Both work. Many families prefer the kitchen table.

**BRING IT WITH YOU**

When you speak with Dr. Strugar's team, bring this completed workbook. It will save your first call hours of context-setting.

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*"Care is about dignity, not just assistance."*

— Dr. Arlene Strugar, PsyD

**A NOTE ON PRIVACY**

This workbook will contain personal health and family information. Treat it like a medical record. We never share your information without your permission.

# 01

## Family Snapshot

### FROM THE EBOOK

The starting point for any caregiving plan: who is your loved one, who is around them, who do they already see for medical care, and how do we reach you. This page is the cover sheet a professional team will look at first.

#### WHAT THIS SECTION WILL ASK YOU

- Names, ages, and where everyone lives
- Primary doctor, insurance, and existing care providers
- Who in the family carries the daily load
- Emergency contacts

Date completed

#### YOUR LOVED ONE

Full name

Age

Living situation

Address

#### PRIMARY FAMILY CONTACT (THIS IS USUALLY YOU)

Name

Relationship

Phone

Email

#### OTHER FAMILY CAREGIVERS (NAME · RELATIONSHIP · ROLE)

#### MEDICAL & EMERGENCY

Primary doctor

# 02

## Your Loved One Today

FROM THE EBOOK

Compassionate care begins with seeing the person, not the diagnosis. Before any plan is made, the family needs to put words to what daily life actually looks like right now — what is working, what is slipping, and what 'better' would look like in three months.

### WHAT THIS SECTION WILL ASK YOU

- A description of a typical day
- What is working, what is slipping
- Overall well-being today
- What 'better' would look like soon

**In one paragraph, describe a typical day for your loved one — morning, afternoon, evening.**

**What is working today? What is slipping?**

**Overall well-being today (compared to a year ago)**

Much worse     
  1     
  2     
  3     
  4     
  Much better

**What would 'better' look like in three months?**

# 03

## Cognitive Health & Memory

### FROM THE EBOOK

Cognitive decline changes what care looks like. Routine, familiarity, patience, and a calm environment become as important as any medical intervention. The questions below are adapted from observations clinicians use during a memory assessment — they are not a diagnosis, just a way to describe what you've been seeing.

#### WHAT THIS SECTION WILL ASK YOU

- Eight observations about memory and daily function
- Diagnosis status (if any)
- When you first noticed changes
- What you wish you understood better

#### IN THE PAST WEEK

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Has your loved one repeated questions or stories more than usual?          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have they sometimes forgotten the names of familiar people?                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have they gotten lost or confused in familiar places?                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have they had trouble managing money, medications, or appointments?        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have they shown sudden confusion at certain times of day (e.g., evenings)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have they become more withdrawn, anxious, or easily upset?                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have they had trouble finding the right word in conversation?              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have they been more reliant on you or other family for daily decisions?    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**DIAGNOSIS STATUS**

Have they been formally evaluated? (Y/N + by whom)

Diagnosis (if any)

Date of diagnosis

Cognitive medications (if any)

**When did you first notice changes? What were the early signs?**

**What do you wish you understood better about their condition?**

# 04

## Daily Living, Nutrition & Medications

### FROM THE EBOOK

These are the activities that make up a day, and the small daily inputs that quietly shape health: food, sleep, medications, mobility. The checklists below are family-friendly versions of the ADL and IADL scales professional caregivers use — they tell us where help is most needed.

#### WHAT THIS SECTION WILL ASK YOU

- Activities of Daily Living (ADL) checklist
- Instrumental Activities of Daily Living (IADL) checklist
- Current medications
- Nutrition and weight changes

#### ACTIVITIES OF DAILY LIVING (ADL)

Mark how much help your loved one needs with each:

Bathing	<input type="checkbox"/> Independent	<input type="checkbox"/> Needs help	<input type="checkbox"/> Cannot do
Dressing	<input type="checkbox"/> Independent	<input type="checkbox"/> Needs help	<input type="checkbox"/> Cannot do
Toileting	<input type="checkbox"/> Independent	<input type="checkbox"/> Needs help	<input type="checkbox"/> Cannot do
Getting in/out of bed or a chair	<input type="checkbox"/> Independent	<input type="checkbox"/> Needs help	<input type="checkbox"/> Cannot do
Continence (bladder & bowel)	<input type="checkbox"/> Independent	<input type="checkbox"/> Needs help	<input type="checkbox"/> Cannot do
Eating	<input type="checkbox"/> Independent	<input type="checkbox"/> Needs help	<input type="checkbox"/> Cannot do

#### INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADL)

Using the phone	<input type="checkbox"/> Independent	<input type="checkbox"/> Needs help	<input type="checkbox"/> Cannot do
Shopping for groceries / essentials	<input type="checkbox"/> Independent	<input type="checkbox"/> Needs help	<input type="checkbox"/> Cannot do
Preparing meals	<input type="checkbox"/> Independent	<input type="checkbox"/> Needs help	<input type="checkbox"/> Cannot do
Housekeeping	<input type="checkbox"/> Independent	<input type="checkbox"/> Needs help	<input type="checkbox"/> Cannot do
Laundry	<input type="checkbox"/> Independent	<input type="checkbox"/> Needs help	<input type="checkbox"/> Cannot do
Transportation (driving or arranging rides)	<input type="checkbox"/> Independent	<input type="checkbox"/> Needs help	<input type="checkbox"/> Cannot do
Managing medications	<input type="checkbox"/> Independent	<input type="checkbox"/> Needs help	<input type="checkbox"/> Cannot do
Managing finances	<input type="checkbox"/> Independent	<input type="checkbox"/> Needs help	<input type="checkbox"/> Cannot do

**CURRENT MEDICATIONS**

List name, dose, frequency, and what it's for:

**NUTRITION**

Has appetite changed in the past 3 months?  Yes  No

Has weight changed (loss or gain) in the past 3 months?  Yes  No

Are there special dietary needs (diabetes, heart, swallowing)?  Yes  No

**Notes (specifics, recent changes)**

**Where does your loved one most need support today?**

# 05

## Companionship, Mood & Social Engagement

### FROM THE EBOOK

Loneliness is one of the most underestimated risks in elderly care. Connection is part of the prescription, not an extra. The questions below are adapted from a brief depression screen used in geriatric assessments — they're a quiet way to notice mood changes that often go unspoken.

#### WHAT THIS SECTION WILL ASK YOU

- Eight quick observations about mood and outlook
- How socially engaged your loved one is in a typical week
- When they seem most engaged — and most withdrawn

#### IN THE PAST TWO WEEKS, HAS YOUR LOVED ONE OFTEN...

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Seemed satisfied with their life                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Dropped activities or interests they used to enjoy | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Felt their life is empty                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Often gotten bored                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Been in good spirits most of the time              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Felt afraid that something bad will happen         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Felt happy most of the time                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Felt helpless or hopeless                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

#### SOCIAL ENGAGEMENT IN A TYPICAL WEEK

- |   |                      |
|---|----------------------|
| <b>In-person visits (family or friends)</b>         | <input type="text"/> |
| <b>Phone or video calls</b>                         | <input type="text"/> |
| <b>Times leaving the home</b>                       | <input type="text"/> |
| <b>Group activities (church, club, day program)</b> | <input type="text"/> |

**When does your loved one seem most engaged? Most withdrawn?**

# 06

## Home Safety & Mobility

### FROM THE EBOOK

The goal isn't a hospital. It's a home that keeps someone safe. Independence and safety are partners, not opposites. The room-by-room checklist below mirrors a professional safety assessment — it catches what families often miss.

#### WHAT THIS SECTION WILL ASK YOU

- Falls history and mobility aids
- Room-by-room safety checklist
- Transportation needs
- What worries you most about the home

#### FALLS & MOBILITY

Number of falls in the past 6 months

Were there any injuries? (Describe)

#### Mobility aids in use:

None   
  Cane   
  Walker   
  Wheelchair   
  Other:

#### ROOM-BY-ROOM SAFETY CHECKLIST

Check each item that is in place today.

- |   |  |
|---|--|
| <input type="checkbox"/> Bathroom: grab bars near toilet and shower           | <input type="checkbox"/> Bathroom: non-slip mats in tub/shower             |
| <input type="checkbox"/> Bathroom: night light                                | <input type="checkbox"/> Bedroom: clear path from bed to bathroom          |
| <input type="checkbox"/> Bedroom: bed at safe transfer height                 | <input type="checkbox"/> Hallways/stairs: handrails on both sides          |
| <input type="checkbox"/> Hallways/stairs: rugs secured (no tripping)          | <input type="checkbox"/> Hallways/stairs: well-lit at night                |
| <input type="checkbox"/> Kitchen: stove safety (auto shut-off or supervision) | <input type="checkbox"/> Kitchen: frequently-used items within easy reach  |
| <input type="checkbox"/> Living areas: pathways clear of clutter and cords    | <input type="checkbox"/> Smoke + carbon monoxide detectors tested          |
| <input type="checkbox"/> Emergency contact list near phone                    | <input type="checkbox"/> Familiar objects in familiar places (orientation) |

Is there a part of the home that worries you most?

# 07

## Caregiver Well-Being

### FROM THE EBOOK

This section is for the caregiver. You matter too. Caring for a loved one is emotionally and physically draining, and the people who carry the weight are often the last to ask for help. The questions below are adapted from the Zarit Burden Interview — a tool clinicians use to measure caregiver stress. They're not a test. They're a check-in.

#### WHAT THIS SECTION WILL ASK YOU

- Eight check-in questions about your own well-being
- How many caregiving hours you carry
- When you last had a real day off
- What kind of support would help YOU most

#### OVER THE PAST MONTH, HOW OFTEN HAVE YOU FELT...

**That you don't have enough time for yourself**

Never  0                       1                       2                       3                       4 Nearly always

**Stressed between caring for your loved one and your other responsibilities**

Never  0                       1                       2                       3                       4 Nearly always

**That your health has suffered because of your involvement**

Never  0                       1                       2                       3                       4 Nearly always

**That you have lost control of your life since your loved one's illness**

Never  0                       1                       2                       3                       4 Nearly always

**Uncertain about what to do for your loved one**

Never  0                       1                       2                       3                       4 Nearly always

**That you should be doing more**

**YOUR CAREGIVING LOAD**

Hours per week you spend caregiving (estimate)

How long you have been the primary caregiver

When was your last full day off?

**What kind of support would make the biggest difference for YOU? (Time off, someone to share decisions with, help with a specific task, professional respite, your own counseling — name what would help.)**

# 08

## End-of-Life Preparedness

### FROM THE EBOOK

In the final season, comfort and presence matter more than intervention. But preparation is a gift you can give your future self and your family — documents in place, wishes spoken aloud, the conversation you have been putting off. This section asks what's in place and what isn't yet.

### WHAT THIS SECTION WILL ASK YOU

- Documents in place (advance directive, healthcare proxy, etc.)
- Whether wishes have been discussed and documented
- The conversation that may still need to happen

### DOCUMENTS IN PLACE (CHECK ALL THAT APPLY)

- Advance directive / living will
- Healthcare proxy / medical power of attorney
- POLST or MOLST (medical orders for life-sustaining treatment)
- DNR (Do Not Resuscitate) order, if desired
- Will and/or trust
- Financial power of attorney
- Funeral / memorial preferences documented
- Organ donation preferences documented

### WISHES & CONVERSATIONS

- Have you discussed end-of-life wishes with your loved one?  Yes  No
- Does the rest of the family know what those wishes are?  Yes  No
- Does their primary doctor have a copy of the advance directive?  Yes  No

**Is there a conversation you've been putting off? What is it?**

# 09

## Building Your Care Plan

### FROM THE EBOOK

You've now captured a full picture of where things stand. This last section is the intake summary — a one-page handoff Dr. Strugar's team can read in ten minutes and respond to with a personalized plan. Tell us what kind of help you think your family needs most, how soon you'd like to start, and how you'd like to send this workbook to us.

### WHAT THIS SECTION WILL ASK YOU

- What kind of help your family needs
- How soon you'd like to start
- Three ways to send this workbook to Dr. Strugar's team

### WHAT KIND OF HELP DOES YOUR FAMILY NEED MOST?

Check all that apply.

- |   |   |
|---|---|
| <input type="checkbox"/> In-home aide — a few hours per week      | <input type="checkbox"/> In-home aide — daily support           |
| <input type="checkbox"/> In-home aide — overnight or 24-hour care | <input type="checkbox"/> Dementia/Alzheimer's-specialized care  |
| <input type="checkbox"/> Respite care for the family caregiver    | <input type="checkbox"/> Meal preparation and nutrition support |
| <input type="checkbox"/> Medication management and reminders      | <input type="checkbox"/> Transportation to appointments/outings |
| <input type="checkbox"/> Home safety assessment and modifications | <input type="checkbox"/> End-of-life planning and support       |
| <input type="checkbox"/> Something else (write below)             |   |

### HOW SOON DO YOU NEED TO START?

- As soon as possible
  Within the next month
  Planning ahead

### Budget or constraint notes (optional)

**INTAKE SUMMARY · HANDOFF TO DR. STRUGAR'S TEAM**

# You've done the hard part.

Now let's get your workbook to Dr. Arlene Strugar's team at Well Being Health Specialists, so we can match your family with the right support.

**1****BRING IT TO YOUR FIRST CALL**

Schedule a free intake call and bring this workbook with you. We'll review it together — no need to email anything in advance.

**2****EMAIL THE COMPLETED PDF**

Save this completed PDF and email it to: [director@wellbeinghs.com](mailto:director@wellbeinghs.com)  
Include the best phone number to reach you. We'll respond within 1 business day.

**3****CALL US DIRECTLY**

Prefer to talk first? Call 971-342-8424 between 8am and 6pm Pacific. If we don't pick up, leave a message and we will call you back the same day.

**WHAT HAPPENS AFTER YOU SEND IT**

- Within 1 business day, we will reach out to schedule a free intake call (about 30 minutes).
- On the call, we walk through the workbook together, answer your questions, and outline a plan.
- If a personalized in-home assessment is right for your family, we schedule one that fits your timing.
- From there, we match you with a trained, US-based aide whose skills fit your loved one's needs.

**A NOTE ON CONFIDENTIALITY**

We treat the information in this workbook as a medical record. We never share, sell, or transfer your information without your explicit permission. Once your engagement ends, your records are retained per applicable law and then securely destroyed.

*Thank you for the care you give every day.*

— Dr. Arlene Binoya-Strugar, PsyD

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