

Needs Assessment Tool for Carers of People with a Chronic Condition (NAT-CC)

What is the NAT-CC about?

Being a carer for someone with a chronic condition is important. It can also be demanding and affect your own health and well-being. GPs have knowledge and experience to help carers with their own health problems. The NAT-CC can help you to identify any concerns that you may have so that your GP may be able to discuss them with you. Your GP cares about your health and well-being.

How does the NAT-CC work?

For you, the NAT-CC helps to name the issues which are important to you about your own health and well-being. Your GP can help you do this. It also helps you to note which of these you would like to discuss with your GP, and whether you would like to do this today or at another time. For you and your GP, the NAT-CC is like a conversation-starter, to help guide what you discuss today. It is also like a planner, to help improve and maintain your own health.

How are my health concerns protected?

Your privacy is important, and what you discuss with your GP is confidential. Without your permission, it will not be discussed with anyone else, including the person that you are caring for.

How can I help my GP to deal with my concerns?

- Complete the NAT-CC before you see the GP, so that they have a chance to read it before seeing you.
- It will be helpful if you book a long appointment with the GP.
- If there are several issues which you would like to discuss soon, your GP might suggest that you make a further appointment to continue on from today's visit.

Information for your GP

- The NAT-CC lists the common concerns of carers regarding their health and well-being.
- The completed NAT-CC identifies your patient's concerns about the person's health and well-being.
- It also ranks the relative importance of these concerns, and indicates when the patient would like to discuss them - that may not necessarily be today.
- It can be completed by the patient, or with your help.
- You may wish to flag with the patient any issues of concern that they may not wish to discuss.
- If your patient identifies several concerns to discuss today, you may wish to discuss those of most importance to the patient, and suggest another appointment to complete the rest.

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The topics below are often a concern for people close to someone with a chronic condition.

Please rate how concerned you are NOW about each issue, by selecting your level of concern:

None, Some, A lot

Then MARK IN THE COLUMNS ON THE RIGHT the topics you want to discuss with the GP, nurse or other health provider - either now or at some stage in the future.

Date _____ Name _____

Information issues	Level of Concern			Helpful to discuss with my GP, nurse or health provider	
	None	Some	A lot	Now	Later
1. Finding general information about the chronic condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Finding specific information to give to the ill person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. What to expect during the illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. How to plan for the unexpected things relating to the illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. How to plan for my future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Ways to care for the person at home, e.g. techniques or equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Managing financial matters, e.g. getting Centrelink allowances and other benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Legal matters, e.g. preparing or updating a will	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Now knowing who to go to with my questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. My ability to give information to the ill person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Practical Issues					
11. My ability to look after myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. My ability to look after the ill person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. My medical conditions limit my ability to do things I have to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. The ill person's symptoms limit their ability to function	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. The ill person is having difficulty looking after themselves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. My skills limit what I want to do for the ill person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Other issues limit my ability to do what I want to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Personal health and well-being issues	Level of Concern			Helpful to discuss with my GP, nurse or health provider	
	None	Some	A lot	Now	Later
18. My own physical health is a concern	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. I have problems with tiredness or lack of energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Being a caregiver impacts on my choices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Being a caregiver impacts on my happiness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Being a caregiver impacts on my self- confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship issues					
23. I have problems in close/intimate relationships with the ill person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. I have problems in other relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. My ability to communicate with the ill person is limited	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. My ability to communicate with others is limited	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. The ill person has problems in close/intimate relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. The ill person has problems in other relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. The ill person has limited ability to communicate with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meaning issues					
30. The illness and its effects are challenging my beliefs and values	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. The illness and its effects are challenging the ill person's beliefs and values	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. The illness and its effects are challenging because of my culture, or the person's culture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there other types of concerns? Please list here.					

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