



Preparedness Assessment for the Transition Home after Stroke (PATH-s) Instrument^{©2018}

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About the PATH-s Instrument

The Preparedness Assessment for the Transition Home after Stroke (PATH-s^{©2018}) Instrument was developed by Michelle Camicia, PhD RN CRRN CCM NEA-BC FARN FAHA FAAN and Barbara Lutz, PhD RN CRRN PHNA-BC FAHA FAAN through research funded by the Rehabilitation Nurses Foundation (RNF). RNF is the charitable arm of the Association of Rehabilitation Nurses (ARN).

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Instructions for Use/Scoring

The PATH-s^{©2018} was designed to be a self-administered instrument to assess caregiver preparation/readiness prior to a stroke survivor's discharge from an inpatient rehabilitation facility. The sum score (1-100) or average score (1-4) of the items can be used to identify level of caregiver preparedness.

For clinical use

After the caregiver completes the PATH-s^{©2018}, the nurse, therapist, social worker, or other clinician should review each item. A score of 2 or lower on any item may indicate a need for caregiver intervention in that area.

Interventions should be tailored to address those items where the caregiver scores 2 or lower.

1. How much do you understand about the stroke survivor's expected recovery over the next 6 months?
 - I have no understanding about the stroke survivor's expected recovery over the next 6 months. (1)
 - I have little understanding about the stroke survivor's expected recovery over the next 6 months. (2)
 - I have some understanding about the stroke survivor's expected recovery over the next 6 months. (3)
 - I have a lot of understanding about the stroke survivor's expected recovery over the next 6 months. (4)

2. How much do you understand about how the stroke will affect your lives over the next 6 months?
 - I do not understand how the stroke will affect our lives over the next 6 months. (1)
 - I understand a little about how the stroke will affect our lives over the next 6 months. (2)
 - I understand some about how the stroke will affect our lives over the next 6 months. (3)
 - I understand a lot about how the stroke will affect our lives over the next 6 months. (4)

3. How much do you understand about what you need to do to get things ready before the stroke survivor goes home?
 - I do not understand what I need to do to get ready before the stroke survivor goes home. (1)
 - I understand a little about what I need to do to get ready before the stroke survivor goes home. (2)
 - I understand some about what I need to do to get ready before the stroke survivor goes home. (3)
 - I understand a lot about what I need to do to get ready before the stroke survivor goes home. (4)

4. How much do you understand about what assistance the stroke survivor will need with personal care (such as bathing, using the toilet, dressing, and moving around) when he/she goes home?
- I do not understand what assistance the stroke survivor will need with personal care when he/she goes home. (1)
 - I understand a little about what assistance the stroke survivor will need with personal care when he/she goes home. (2)
 - I understand some about what assistance the stroke survivor will need with personal care when he/she goes home. (3)
 - I understand a lot about what assistance the stroke survivor will need with personal care when he/she goes home. (4)
5. How much experience have you had providing physical help with personal care (such as bathing, using the toilet, dressing and moving around) for someone who has a stroke or other disability?
- I do not have any experience providing physical help with personal care for someone who has a stroke or other disability. (1)
 - I have less than one-month experience providing physical help with personal care for someone who has a stroke or other disability. (2)
 - I have at least one month but less than a year experience providing physical help with personal care for someone who has a stroke or other disability. (3)
 - I have a year or more of experience providing physical help with personal care for someone who has a stroke or other disability. (4)
6. How prepared are you to provide the stroke survivor assistance with personal care (such as bathing, using the toilet, dressing and moving around) when he/she goes home?
- I am not prepared to provide the stroke survivor assistance with personal care when he/she goes home. (1)
 - I am a little prepared to provide the stroke survivor assistance with personal care when he/she goes home. (2)
 - I am somewhat prepared to provide the stroke survivor assistance with personal care when he/she goes home. (3)
 - I am very prepared to provide the stroke survivor assistance with personal care when he/she goes home. (4)

7. How willing are you to provide personal care (such as bathing, using the toilet, dressing, and moving around) for the stroke survivor when he/she goes home?
- I am not willing to provide any personal care for the stroke survivor. (1)
 - I am willing to provide a little personal care for the stroke survivor. (2)
 - I am willing to provide some personal care for the stroke survivor. (3)
 - I am willing to provide a lot of personal care for the stroke survivor. (4)
8. How much time will you have to provide personal care for the stroke survivor when he/she goes home?
- I will not have any time to provide personal care for the stroke survivor. (1)
 - I will have a little time to provide personal care for the stroke survivor. (2)
 - I will have some time to provide personal care for the stroke survivor. (3)
 - I will have a lot of time to provide personal care for the stroke survivor. (4)
9. Do you have any health problems (for example difficulty bending or stooping, back or joint problems, heart issues, memory, depression, anxiety or other health challenges)?
- I have many health problems. (1)
 - I have some health problems. (2)
 - I have a few health problems. (3)
 - I do not have any health problems. (4)

10. Do you think your health problems will affect your ability to provide care for the stroke survivor?

- Not applicable: I do not have any health problems. (4.1)*
- I think my health problems will greatly affect my ability to provide care. (1)
- I think my health problems will somewhat affect my ability to provide care. (2)
- I think my health problems will slightly affect my ability to provide care. (3)
- I do not think my health problems will affect my ability to provide care. (4)

11. Do you have family and/or friends who are capable of providing help with the stroke survivor's personal care (such as bathing, using the toilet, dressing, and getting in and out of bed)?

- I do not have any family and/or friends who are capable of providing help with the stroke survivor's personal care. (1)
- I have a few family and/or friends who are capable of providing help with the stroke survivor's personal care. (2)
- I have some family and/or friends who are capable of providing help with the stroke survivor's personal care. (3)
- I have many friends and/or family who are capable of providing help with the stroke survivor's personal care. (4)

12. Do you think these family and/or friends will be available to help with the stroke survivor's personal care when needed?

- Not applicable-I do not have any family and/or friends who will be available to help with the stroke survivor's personal care. (1.1)*
- I do not think these family and/or friends will be available to help when needed. (1)
- I think these family and/or friends will seldom be available to help when needed. (2)
- I think these family and/or friends will sometimes be available to help when needed. (3)
- I think these family and/or friends will be available to help when needed. (4)

13. Do you have other roles and responsibilities other than providing care for the stroke survivor (for example: work, volunteer work, childcare, pet care, meal preparation, laundry, home maintenance and yard work)?
- I have many other roles and responsibilities other than providing care for the stroke survivor. (1)
 - I have some other roles and responsibilities other than providing care for the stroke survivor. (2)
 - I have few other roles and responsibilities other than providing care for the stroke survivor. (3)
 - I do not have any other roles and responsibilities other than providing care for the stroke survivor. (4)
14. How will your other roles and responsibilities impact your availability to provide care for the stroke survivor?
- Not applicable-I do not have any other roles and responsibilities other than providing care for the stroke survivor. (4.1)*
 - My other roles and responsibilities will greatly impact my availability to provide care for the stroke survivor. (1)
 - My other roles and responsibilities will have some impact on my availability to provide care for the stroke survivor. (2)
 - My other roles and responsibilities will have little impact on my availability to provide care for the stroke survivor. (3)
 - My other roles and responsibilities will not impact my availability to provide care for the stroke survivor. (4)
15. Do you have other people (for example co-workers, your church, a club or social group) who will be able to help you with your other responsibilities (for example: work, volunteer work, childcare, pet care, meal preparation, laundry, home maintenance and yard work)?
- I do not have any other people who will be able to help with my other responsibilities. (1)
 - I have a few other people who will be able to help with my other responsibilities. (2)
 - I have some other people who will be able to help with my other responsibilities. (3)
 - I have a lot of other people who will be able to help with my other responsibilities. (4)

16. How much experience do you have helping someone else with daily activities like shopping, errands, taking to appointments, medications, banking, etc.?

- I do not have any experience helping someone else with daily activities. (1)
- I have less than one month experience helping someone else with daily activities. (2)
- I have at least one month but less than a year experience helping someone else with daily activities. (3)
- I have a year or more experience helping someone else with daily activities. (4)

17. How willing are you to help the stroke survivor with daily activities such as shopping, errands, taking to appointments, medications, banking, etc.?

- I am not willing to help the stroke survivor with daily activities such as shopping, errands, taking to appointments, medications, etc. (1)
- I am willing to help the stroke survivor with a few daily activities such as shopping, errands, taking to appointments, medications, etc. (2)
- I am willing to help the stroke survivor with some daily activities such as shopping, errands, taking to appointments, medications, etc. (3)
- I am willing to help the stroke survivor with a lot of daily activities such as shopping, errands, taking to appointments, medications, etc. (4)

18. How concerned are you about your ability to continue providing care for the stroke survivor for the next year?

- I am very concerned about my ability to continue providing care for the stroke survivor for the next year. (1)
- I am somewhat concerned about my ability to continue providing care for the stroke survivor for the next year. (2)
- I am a little concerned about my ability to continue providing care for the stroke survivor for the next year. (3)
- I am not concerned about my ability to continue providing care for the stroke survivor for the next year. (4)

19. Is there enough money available to pay for things not paid for by insurance, Social Security income, Workers compensation, In Home Support Services, or other benefits (for example medications, someone to help with personal care, medical equipment, shower chair, co-pays)?

- We do not have money to pay for things not covered by insurance or other benefits. (1)
- We have a little money to pay for things not covered by insurance or other benefits. (2)
- We have some money to pay for things not covered by insurance or other benefits. (3)
- We have enough money to pay for things not covered by insurance or other benefits. (4)

20. Will there be any accessibility problems for the stroke survivor getting around in the house or using the toilet or shower (for example, the width of doorways, stairs, ramp access) in the home where he/she will be living?

- There will be a lot of accessibility problems for the stroke survivor in the home. (1)
- There will be some accessibility problems for the stroke survivor in the home. (2)
- There will be a few accessibility problems for the stroke survivor in the home. (3)
- There will not be any accessibility problems for the stroke survivor in the home. (4)

21. Will you need to make any changes to the home (e.g. ramp, widen doors) to make it accessible?

- A lot of changes need to be made to the home to make it accessible. (1)
- Some changes need to be made to the home to make it accessible. (2)
- A few changes need to be made to the home to make it accessible. (3)
- No changes need to be made to make the home accessible. (4)

22. Is there enough money available to pay for the necessary changes to the home to make it accessible?

- Not applicable-There are no changes necessary to make the home accessible. (4.1)*
- We do not have money to pay for the necessary changes to the home to make it accessible. (1)
- We have a little money to pay for the necessary changes to the home to make it accessible. (2)
- We have some money to pay for the necessary changes to the home to make it accessible. (3)
- We have enough money to pay for the necessary changes to the home to make it accessible. (4)

23. Will the stroke survivor have accessible transportation (e.g. car that he/she can get in and out of, someone to drive, Paratransit, etc.) that he/she can use to go places (e.g. the doctor, grocery store)?

- I am not certain if the stroke survivor will have accessible transportation that he/she can use to go places. (1)
- I am a little certain that the stroke survivor will have accessible transportation that he/she can use to go places. (2)
- I am somewhat certain that the stroke survivor will have accessible transportation that he/she can use to go places. (3)
- I am very certain that the stroke survivor will have accessible transportation that he/she can use to go places. (4)

24. Thinking over the past year, how much conflict have you had in your relationship with the stroke survivor?

- We have substantial conflict between us. (1)
- We have some conflict between us. (2)
- We have a little conflict between us. (3)
- We do not have conflict between us. (4)

25. How mentally prepared are you to be a caregiver?

- I am not mentally prepared to be a caregiver. (1)
- I am a little mentally prepared to be a caregiver. (2)
- I am somewhat mentally prepared to be a caregiver. (3)
- I am very mentally prepared to be a caregiver. (4)

* Scores with “not applicable” are scored either 1.1 or 4.1. For research purposes, this allows the “not applicable ratings” to be distinguished from a 1 or a 4 rating for data analyses. For clinical purposes, a score of 1.1 = 1; a score of 4.1 = 4

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2020

ISC_Caregiving acro:

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