

**The Family Caregiver Activation in Transitions Tool**  
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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. We designed the FCAT tool 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 responses could then be reviewed by the care team. 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.

The FCAT tool and its application to clinical care settings is covered in depth during the Advanced CTI<sup>®</sup> training. The Advance CTI<sup>®</sup> training is designed for Transitions Coaches<sup>®</sup> that have previously been trained in the Care Transitions Intervention<sup>®</sup> and have at least three months practice in the field following the CTI<sup>®</sup> core training. To arrange training and contact our training team, please visit our website at <http://caretransitions.org/>

The Care Transitions Intervention<sup>®</sup> training team provides a variety of technical assistance options available to your organization. To explore our offerings and to contact our training team, please visit our website at <http://caretransitions.org/technical-assistance/>

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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 as it applies to you personally today.

1. I am able to make sure my loved one goes to every scheduled medical appointment

DISAGREE STRONGLY	DISAGREE	DISAGREE SLIGHTLY	AGREE SLIGHTLY	AGREE	AGREE STRONGLY
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2. I make sure a written list of questions is taken to each of my loved one's medical appointments

DISAGREE STRONGLY	DISAGREE	DISAGREE SLIGHTLY	AGREE SLIGHTLY	AGREE	AGREE STRONGLY
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3. I know what things to watch for that would mean my loved one's condition is getting worse and how to respond

DISAGREE STRONGLY	DISAGREE	DISAGREE SLIGHTLY	AGREE SLIGHTLY	AGREE	AGREE STRONGLY
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4. I maintain an accurate list of my loved one's medications

DISAGREE STRONGLY	DISAGREE	DISAGREE SLIGHTLY	AGREE SLIGHTLY	AGREE	AGREE STRONGLY
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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)

DISAGREE STRONGLY	DISAGREE	DISAGREE SLIGHTLY	AGREE SLIGHTLY	AGREE	AGREE STRONGLY
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6. For every medication my loved one is to take I know when, how much, and how it is to be taken

DISAGREE STRONGLY	DISAGREE	DISAGREE SLIGHTLY	AGREE SLIGHTLY	AGREE	AGREE STRONGLY
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7. I have a trusted pharmacist or pharmacy in my community that I can contact if I have medication questions

DISAGREE STRONGLY	DISAGREE	DISAGREE SLIGHTLY	AGREE SLIGHTLY	AGREE	AGREE STRONGLY
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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

DISAGREE STRONGLY	DISAGREE	DISAGREE SLIGHTLY	AGREE SLIGHTLY	AGREE	AGREE STRONGLY
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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

DISAGREE STRONGLY	DISAGREE	DISAGREE SLIGHTLY	AGREE SLIGHTLY	AGREE	AGREE STRONGLY
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10. If my loved one needs help from a healthcare professional, I am confident I can insist until I get what is needed

DISAGREE STRONGLY	DISAGREE	DISAGREE SLIGHTLY	AGREE SLIGHTLY	AGREE	AGREE STRONGLY
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