

**Care Partner Conversation**

Date: \_\_\_\_\_

Care Partner (Participant): \_\_\_\_\_

Questions:

How are things going? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Changes?

\_\_\_ New behaviours \_\_\_\_\_

\_\_\_ New concerns \_\_\_\_\_

\_\_\_ Medication update \_\_\_\_\_

Status of respite goals? \_\_\_\_\_

\_\_\_ Happy to come to Side by Side? \_\_\_\_\_

\_\_\_ Mood when returning home? \_\_\_\_\_

Response to changes:

\_\_\_ By care partner \_\_\_\_\_

\_\_\_ At Side by Side \_\_\_\_\_

Follow-up/future plans? \_\_\_\_\_

\_\_\_\_\_

Communication to volunteer(s) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_