

Using the Omaha System to describe health problems and KBS scores of poor people receiving municipal home care services in Istanbul

Survey Instrument

Registry number:

Home care center name:

Client's name and surname:

Address:

Home/mobile phone number:

Position in the family:

Mother Father Child Other (please specify....)

Gender:

Men Woman

Date of birth (Date/Month/Year):

Education status:

Illiterate High school
 Primary school University and higher
 Middle school

Marital status:

Married Single Widow, divorced

Profession:

Professional occupation Retired
 Housewife Unemployed
 Other (Please specify....)

Health insurance: Yes No

Handicapped/disabled: Yes No

Hospitalization in the last one year: Yes No

Having had a surgery: Yes No

Medical Diagnosis: Yes (Please specify.....) No

Type of caregiver: Relative
 Friend, neighbour
 Nurse aid
 Other (Please specify....)

Number of visits:

Please identify the time period represented in this form

Beginning	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Month	Day	Year
Ending	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Month	Day	Year

Now, please use the following Omaha System forms

FORM-I: PROBLEM CLASSIFICATION SCHEME

FORM-II: KBS RATING INSTRUMENT

FORM-III: NURSING INTERVENTION LIST

If there is a need, please use the assessment tools such as Barthel Index, Braden Scale, Norton Scale, NPUAP and EPUAP, and depression screening instrument...etc.

Thank you so much for participating in this survey. I really appreciate your time and effort.