

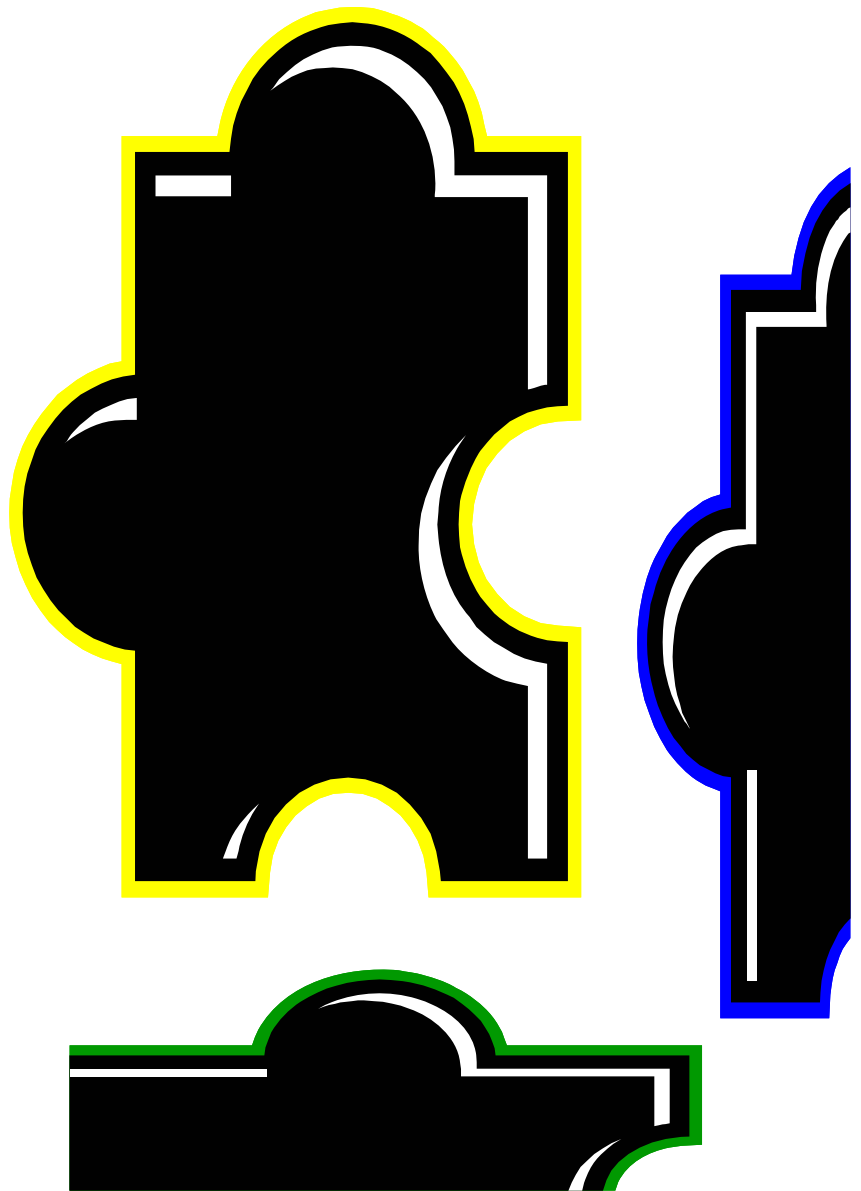
# My Assessment Form Part 2

Client Name

PIN

Assessor Name

PIN



**Personal Care** *Please tick only one answer per question*

1 **Can you wash, bath or shower yourself?**

I can wash, bath or shower myself.	
I can wash, bath or shower myself with the use of equipment.	
I can wash but need help to bath or shower, 1 to 3 times per week.	
I need support to wash, bath or shower daily.	
I cannot wash, bath or shower myself.	

*Go to Question 3*

2 **If you need support with washing, bathing or showering (this could include verbal prompts and or supervision), how many people does it take (or would it take) to support you with this task, at any one time?**

One  Two or more

Who helps you with this?

3 **Can you use the toilet/commode?**

I can use the toilet/commode.	
I can use the toilet/commode with the use of equipment (e.g. raised seat or grab rail.)	
I can, but only with someone to support me, during the day.	
I can, but only with someone to support me during both day and night.	
I cannot use the toilet/commode.	

*Go to Question 5*

4 **If you need support with the toilet/commode (this includes verbal prompts and or supervision), how many does it take (or would take) to support you with this task, at any one time?**

One  Two or more

Who helps you with this?

5 **Do you have any difficulty getting undressed or dressed? e.g. undoing or doing up buttons and zips, putting on stockings or shoes.**

I have no difficulties getting dressed or undressed.	
I have no difficulties getting dressed or undressed with the use of equipment. i.e. helping hand.	
I have some difficulties and need someone to support me.	
I cannot get dressed or undressed.	

*Go to Question 7*

6 **If you need support with getting undressed or dressed (this includes verbal prompts and or supervision) how many does it take (or would it take) to support you with this task, at any one time?**

One  Two or more

Who helps you with this?

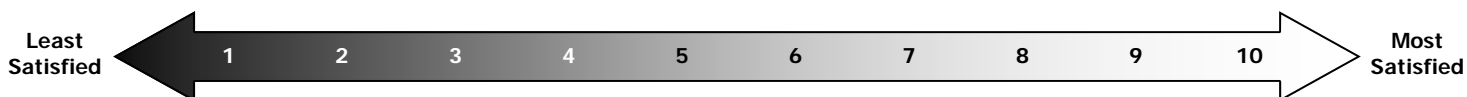
**7 If someone currently supports you with your personal care, are they able to continue doing;**

All of the support.	
Most of the support.	
Some of the support.	
None of the support.	

**Please tell us in the space below about any difficulties you have and any support you feel you may need with the following.**

- Washing, bathing, showering, including taking care of your nails, washing your hair and applying creams.
- Using the toilet for example, support you may need after using the toilet.
- Getting dressed and undressed, for example having difficulty with buttons and fastenings, stockings, shoes and so on.

**Please score on a scale of 1 to 10 how satisfied you are with your current personal care situation? Please circle the score most relevant to you.**



**Please use the space below to tell us what you would like to achieve or change (your personal aims) about your washing, using the toilet and getting dressed or undressed.**

**Cooking & Eating**

8 **Can you make a meal or a drink for yourself?** *Please tick only one answer per question*

I have no problems making a meal or drink.	
I have no problems making a meal or drink with the use of equipment (i.e. perching stool or other kitchen equipment).	
I can make a snack or drink but need someone to support with preparing a hot meal (this could include verbal prompts and or supervision).	
I cannot make a snack/meal or drink for myself, I need someone to do this for me.	

Complete statement below

**If you need support to make a snack/meal or drink for yourself, who does this?**

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9 **Do you have any difficulty eating or drinking?**

I have no difficulty eating/drinking.	
I have no difficulty eating/drinking with the use of equipment.	
I have some difficulty and need some support (this could include verbal prompts, some one supervising meals etc).	
I cannot eat or drink without constant support (this the can include a P.E.G. feed)	

Complete statement below

**If you need support with eating or drinking, who currently does this?**

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10 **If someone currently supports you with your cooking and eating, are they able to continue doing;**

All of the support.	
Most of the support.	
Some of the support.	
None of the support.	

Please tell us in the space below about any difficulties you have and any support you feel you may need. For example, opening cans, using a microwave or oven, chewing and swallowing food/ drink, or dietary needs due to diabetes.

Please score on a scale of 1 to 10 how satisfied you are with your current cooking and eating situation? Please circle the score most relevant to you.



Please use the space below to tell us what you would like to achieve or change (your personal aims) with cooking and eating.

**My Practical Needs**

11	<b>Do you have any difficulty with general household tasks? e.g. cleaning, shopping, gardening and washing clothes.</b>	
	I have no difficulties with general household tasks.	
	I have no difficulties with general household tasks, with the use of equipment.	
	I have some difficulties and need someone to support me, 1 to 3 times a week.	
	I have a lot of difficulties and need someone to support me, more than 3 times a week.	
	I cannot do this and need someone to do it for me.	

Complete statement below

**If you have difficulties with general household tasks and need someone to support you, who does this?**

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12	<b>Do you find it difficult to manage your money? e.g. paying bills?</b>	
	I have no difficulties with managing my money.	
	I have some difficulties and need someone to support me.	
	I cannot manage my money.	

Complete statement below

**If you have difficulties with managing your money and need someone to support you, who does this?**

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13	<b>Do you find it difficult to manage your correspondence? e.g. reading letters or bills?</b>	
	I have no difficulties managing my correspondence.	
	I have some difficulties and need someone to support me.	
	I cannot manage my correspondence.	

Complete statement below

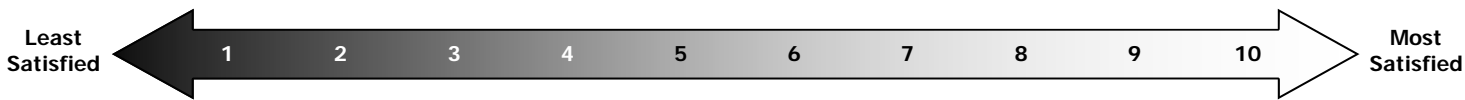
**If you have difficulties with managing your correspondence and need someone to support you, who does this?**

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14	<b>If someone currently supports you with your practical needs, are they able to continue doing;</b>	
	All of the support.	
	Most of the support.	
	Some of the support.	
	None of the support.	

Please tell us in the space below about any difficulties you are having and any support you feel you may need with general household tasks, managing money and managing correspondence.

Please score on a scale of 1 to 10 how satisfied you are with your current practical needs situation? Please circle the score most relevant to you.



Please use the space below to tell us what you would like to achieve or change (your personal aims) about general household tasks and managing your money and correspondence.

**My Health and Wellbeing**

15 **Do you have any issues related to being deaf, hard of hearing, blind or having a sight problem that affect your daily life.** *Please tick only one answer per question*

I do not have any issues with my sight or hearing.	
I do not have any issues with my sight or hearing, with the use of equipment (e.g. hearing aid, spectacles etc.)	
I have issues with being deaf or hard of hearing and would like more information on the help that is available.	
I have issues with being blind or partially sighted and would like more information on the help that is available.	
I have issues with both being blind/partially sighted and being Deaf/hard of hearing and would like more information on the help that is available.	

16 **Have you had a fall or feel anxious that you may fall?**

Yes  No

**If you have answered 'Yes' to the above, please tell us when the last time was and how often you experience this?**

**If you have answered 'Yes' to question 16, would you like to be referred to the Dudley Falls Team?**

Yes  No

17 **Do you have any difficulty with your medication? e.g. opening a bottle or packet, or remembering to take your medication etc.**

I have no difficulties with medication.	
I have no difficulties with medication, with the use of equipment (e.g. pill dispenser)	
I have some difficulties and need someone to support me.	
I cannot deal with my medication and need total support with this.	

→ *Complete statement below*

**If you cannot deal with your medication and someone supports you, who does this?**

18 **Do you have difficulty communicating?**

I have no difficulty communicating.	
I have no difficulty communicating with the use of equipment (e.g. communication board) or an interpreter helps me.	
I have difficulties and need someone to support me.	
I cannot communicate.	



**If you have difficulties with communication, Please detail these difficulties in the box below.**

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**19 Tell us about your memory, thinking and reasoning?**

I do not have any problem with my memory, thinking and reasoning.	
My memory, thinking and reasoning can be confused at times and I need someone to help me manage this, 1 to 3 times a week.	
My memory, thinking and reasoning can often be confused and I need daily support to manage this.	
My memory, thinking and reasoning is so confused I need constant help and support to manage this, day and night.	

**20 Who decides the important things in your life, for example where you live and who supports you.**

I can make all of my own decisions.	
I can make all of my own decisions, if I have some advice and/or someone to support me.	
I can make all of my day to day decisions but need someone to help me make important decisions in my life	
I am unable to make my own decisions.	

**If someone helps you with your memory, thinking and reasoning or decision making who does this?**

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**21 If someone currently supports you with your memory, thinking and reasoning, are they able to continue doing;**

All of the support.	
Most of the support.	
Some of the support.	
None of the support.	

Please tell us about any illnesses or disabilities you have in the box below.

Please score on a scale of 1 to 10 how satisfied you are with your current Health and Wellbeing situation? Please circle the score most relevant to you.



Please use the space below to tell us what you would like to achieve or change (your personal aims) about your health and wellbeing.

**How I Get Around**

22	<b>Do you have any general physical difficulties getting around?</b>	
	I have no difficulties getting around.	
	I have no difficulties getting around with the use of equipment (e.g. walking stick, walking frame or assistance dog).	
	I have moderate difficulties getting around and need someone to support me.	
	I have severe difficulties getting around and need someone to support me.	
	I cannot get around.	
23	<b>Do you have any physical difficulty getting around, inside your home?</b>	
	I have no difficulties getting around inside my home.	
	I have no difficulties getting around inside my home, with the use of equipment (e.g. walking stick or walking frame).	
	I have some difficulties and need someone to support me.	
	I cannot get around inside my home.	
24	<b>Can you carry items? e.g. food and drink from the kitchen to where you eat?</b>	
	I can carry items.	
	I can carry items, with the use of equipment (e.g. trolley)	
	I have some difficulties and need someone to support me.	
	I cannot carry items and need some one to do this for me.	
25	<b>Do you have any physical difficulty moving outside your home?</b>	
	I have no physical difficulties moving outside my home.	
	I have no physical difficulties moving outside my home, with the use of equipment (e.g. walking stick, walking frame or wheelchair.)	
	I have some difficulties and need someone to support me (e.g. you may need someone to support getting around in your wheelchair or you are unsteady and need support walking around.)	
	I cannot move outside my home.	
26	<b>Please tell us about how you manage steps and stairs?</b>	
	I can use steps and stairs.	
	I can use steps and stairs, with the use of equipment (e.g. handrail or stair-lift).	
	I can use steps and stairs if I have someone helps me.	
	I cannot use steps and stairs.	

27 **Do you have any difficulty getting on and off chairs?**

I can get on and off chairs.	
I can get on and off chairs, with the use of equipment (e.g. orthopaedic chair)	
I have some difficulties and need someone to support me.	
I cannot get on or off chairs.	

28 **Do you have any physical difficulty getting in or out of bed?**

I have no difficulties getting in or out of bed.	
I have no difficulties getting in or out of bed, with the use of equipment.	
I have some difficulties getting in or out of bed and need someone to support me.	
I cannot get in or out of bed.	

29 **If somebody supports you with getting around (questions 23 to 29), how many do this?** One  Two or more

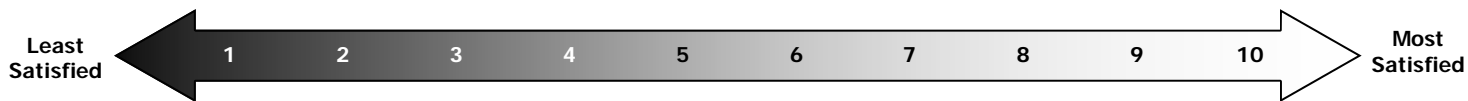
Who helps you with this?

30 **If someone currently supports you with how you get around (questions 23 to 29), are they able to continue doing;**

All of the support.	
Most of the support.	
Some of the support.	
None of the support.	

Please tell us about the difficulty you have and any support you feel you may need when moving around. For example if your chair is too low or high, if you have difficulty using steps and stairs, carrying items, getting in or out of bed, crossing roads safely,

Please score on a scale of 1 to 10 how satisfied you are with how you get around ?  
Please circle the score most relevant to you.



Please use the space below to tell us what you would like to achieve or change (your personal aims) about getting around.

**Friendships, Family and your Relationships**

31	<b>Do you have difficulties with making friendships (and or relationships) or having contact with your family . For example do you find it difficult to make friends? Do you have difficulties with socialising?</b>	
	I am satisfied with the number of friendships/relationships I have and do not need any help to keep them.	
	I've got the right number of friendships/relationships for me and I need support to keep them.	
	I do not have enough friendships/relationships and need support to help make new ones and to help keep existing ones.	
	I have difficulty getting on with people and need someone to help me manage this and make these relationships last.	

**If someone supports you with your friendships/relationships, who does this?**

--

32	<b>If someone currently supports you with your friendships, family and your relationships, are they able to continue doing;</b>	
	All of the support.	
	Most of the support.	
	Some of the support.	
	None of the support.	

**Please tell us about the difficulty you have and any support you feel you may need with your relationships and people who are important to you. For example, keeping relationships that are important to your religious or spiritual needs.**

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**Please score on a scale of 1 to 10 how satisfied you are with your relationships?  
Please circle the score most relevant to you.**



**Please use the space below to tell us what you would like to achieve or change (personal aims) about your relationships and people who are important to you.**

**My Community and the things I want to do.**

<b>33</b>	<b>Do you have any problems with doing the things you want to do in your community, for example paid or voluntary work, college, social activities, using local shops, libraries. This could also include your religious community or culture.</b>
	I have no problems doing the things I want to do.
	I have no problems doing the things I want to do, if I have someone to support me.
	I unable to do the things I want to do.

**34 If you have problems with the things you like to do and need support , how many do this?**    One     Two or more

Who helps you with this?

<b>35</b>	<b>If someone currently supports you with the things you want to do in your community, are they able to continue doing;</b>
	All of the support.
	Most of the support.
	Some of the support.
	None of the support.

**Please tell us about the difficulty you have and any support you feel you may need with the things you would like to do in your community. For example, activities that are important to your social needs.**



Please score on a scale of 1 to 10 how satisfied you are with the things you would like to do. Please circle the score most relevant to you.



Please use the space below to tell us what you would like to achieve or change (personal aims) about the things you would like to do.

**Feeling Safe and Secure, Inside and Outside your Home.**

36 **Do you behave in a way that can put yourself or others at risk? For example, hurting yourself or others, making yourself or others upset and angry, frustrated etc.**

I am not at risk and do not put others at risk.	
I require discreet supervision/monitoring for some aspects of my life.	
Aspects of my life cause me and or others to be at risk and I need someone to help me manage this, 1 to 3 times a week.	
Aspects of my life cause me and or others to be at risk and I need someone to help me manage this, more than three times a week.	
Many aspects of my life cause me and or others to be at risk and I need someone to help me manage this constantly, day and night.	

37 **Please tell us what worries you have about your safety? For example inside or outside the home.**

I feel safe and have few worries, with or without the use of equipment (e.g. pendant alarm or pull cord alarm).	
I feel safe and have few worries if I have discreet supervision/monitoring for some aspects of my life.	
I feel safe and have few worries if I have someone to support me, 1 to 3 times a week.	
I feel safe and have few worries if someone to supports me, more than 3 times a week.	
I do not feel safe and I need constant help with my safety.	

38 **If somebody supports you (this could include verbal prompts or supervision) with managing risk and feeling safe and secure, how many do this at any one time?** One  Two or more

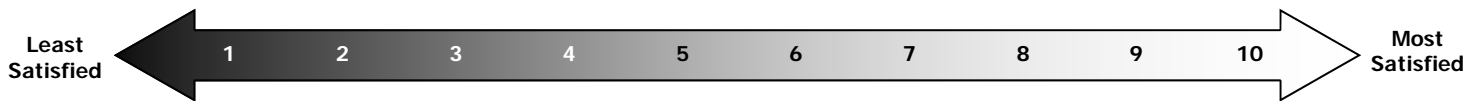
Who helps you with this?

39 **If someone currently supports you with feeling safe and secure, are they able to continue doing;**

All of the support.	
Most of the support.	
Some of the support.	
None of the support.	

Please tell us about any difficulties you are having and any support you feel you may need with feeling safe and secure and about the risk factors in your life.

Please score on a scale of 1 to 10 how satisfied you are with feeling safe and secure. Please circle the score most relevant to you.



Please use the space below to tell us what you would like to achieve or change (your personal aims) about feeling safe and secure.

**My Parenting/Caring Role.**

40

**Select a response below that best describes your current Parenting/Caring role.**

I do not have any parenting or carer responsibilities.	
I need occasional support in order to help me to care for my children/dependants.	
I need support in order to help me to care for my children/dependants, 1 to 3 times a week.	
I need daily support in order to help me care for my children/dependants.	

**If you need support in order to help care for your children/dependants, who does this?**

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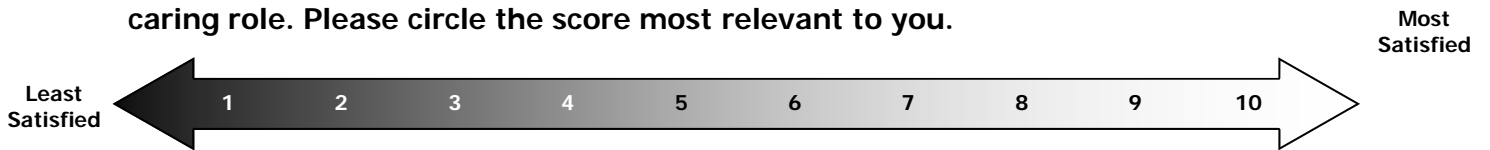
41

**If someone currently supports you with your parenting/caring role, are they able to continue doing;**

All of the support.	
Most of the support.	
Some of the support.	
None of the support.	

Please tell us about any difficulties you have with your parenting/caring role .

Please score on a scale of 1 to 10 how satisfied you are with your parenting / caring role. Please circle the score most relevant to you.



Please use the space below to tell us what you would like to achieve or change (your personal aims) about your parenting/caring role.

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**My Carer.**

Your carer must fill in the following section, if this applies. A carer is someone who chooses to provide help and support (unlike a paid homecare worker or nurse) to their partner, relative, friend or neighbour who could not manage without their help.

This could be due to age or physical or mental illness or disability. You should not confuse a 'carer' with a 'care worker' or a 'care assistant', who gets paid for looking after someone.

Name of Client

Client PIN

Name of Carer

Date Of Birth

Address

Tel No

GP Details  Tel

42 Do you live with the person you are caring for?

- Yes
- No

43 **In what capacity are you a carer?**

Spouse/Partner	<input type="checkbox"/>
Relative	<input type="checkbox"/>
Friend	<input type="checkbox"/>
Neighbour	<input type="checkbox"/>

44 **Select a response below that best describes your current caring role.**

I am able and willing to continue caring.	<input type="checkbox"/>
I would like to continue but need support to do so.	<input type="checkbox"/>
I am not able to continue.	<input type="checkbox"/>

A carer's assessment helps you to tell us about any needs you may have as a carer and find support you may need to keep you in good health and balance with your life, work and family commitments.

45 Would you like a carer's assessment? Yes  No

**Please use the section below to tell us about you and your caring role. Please detail any problems you may have (if any) as a result of your caring role and things you may like to change and what, (if anything) that you may require to make your life better.**

**If you need extra space please attach as many attachments as you require)**