

My care and support needs

This guide is to help you work out what support you need to keep safe and independent, if you wish to use it. The information you give will be treated in strict confidence and does not replace a professional assessment of your needs. Please read each statement and tick one box next to the one that most suits you and your support needs.

Looking after myself

This part is about your personal care needs – things like washing, dressing and going to the toilet.

I need a lot of support with personal care (washing, dressing, going to the toilet). I need help during the day and night. I don't feel safe on my own at home.	<input type="checkbox"/>
I often need help with personal care during the day. I need someone around most of the time to make sure I'm safe.	<input type="checkbox"/>
I need support now and then with personal care. I'm OK for short periods on my own in places I know. I need some one around some of the time.	<input type="checkbox"/>
I occasionally need help with personal care. I can stay on my own for quite long periods in familiar places.	<input type="checkbox"/>
I very rarely need support to look after myself. I'm OK on my own in most places, for days at a time. I don't need help with my personal care needs.	<input type="checkbox"/>

Eating and Drinking

This part is about looking after yourself, and staying fit and eating and drinking properly.

I need lots of help to eat and drink. I need to be fed and given drinks.	<input type="checkbox"/>
I need help and encouragement to eat and drink enough to stay well.	<input type="checkbox"/>
I need all my meals to be provided or prepared for me.	<input type="checkbox"/>
I do not need help in this area.	<input type="checkbox"/>

Practical aspects of daily living

This part is about day to day life - things like, shopping, cleaning, cooking, and doing the laundry.

I need help with most things around the home. I need lots of help with my shopping, laundry, housework, managing money, paying bills, and general home maintenance.	<input type="checkbox"/>
I need help with some things around the home. I need some help with shopping, laundry, housework, managing money, paying bills, and general home maintenance.	<input type="checkbox"/>
I need only occasional help with some things around the home. I occasionally need some help with shopping, laundry, housework, managing money, paying bills, and general home maintenance.	<input type="checkbox"/>
I don't need help with very much around the home.	<input type="checkbox"/>

Physical and Mental Health and Well being

This part is about the support you may need to manage a long term physical condition (for example, diabetes, heart or respiratory failure, stroke, epilepsy) or a mental condition (for example, depression, anxiety, bereavement, dementia).

I need help from others to make sure I stay well and there is real concern about my health needs.	<input type="checkbox"/>
I need some help from others to make sure I stay well and there is some concern about my health needs.	<input type="checkbox"/>
I need a little help from others to make sure I stay well.	<input type="checkbox"/>
I am well and no-one has raised concerns about my health or welfare.	<input type="checkbox"/>

Staying safe from harm

This part is about the support you may need to stay safe from harm. Staying safe means different things for different people. It can mean staying safe when you are at home such as when you use the cooker or go downstairs. It can also mean staying safe when you are out like when you are going on the bus or crossing a road.

I need help to stay safe all of the time, when I am at home and when I go out.	<input type="checkbox"/>
I need a lot of help to stay safe especially when I go out.	<input type="checkbox"/>
I need some help to stay safe. I am mostly OK at home but may need help when I go out to some places.	<input type="checkbox"/>
I need a bit of help to stay safe with some of the things I do.	<input type="checkbox"/>
I do not need any help to stay safe.	<input type="checkbox"/>

Behaviour and Risk

This part is about the things you may do that could hurt or upset you or people around you.

I often do things that could hurt me or other people. People have tried to help me change what I do, but there is still a risk I could hurt myself or others.	<input type="checkbox"/>
I occasionally do things that could hurt me or other people. People have helped me to change what I do so there is less risk of me hurting myself or other people.	<input type="checkbox"/>
Some of the things I do may upset other people but there is no danger of me hurting myself or others.	<input type="checkbox"/>
In the past I have done things that have upset me or other people but there is no problem now.	<input type="checkbox"/>
I have never done things that could upset me or others.	<input type="checkbox"/>

Relationships

This part is about friendships and people you know not just your family and people you live with. It is not about people who are paid to be with you.

I do not have any relationships outside of my family or people I live with. I need support to make relationships and keep them.	<input type="checkbox"/>
I have some relationships but I would like more. I need support to make relationships and keep them.	<input type="checkbox"/>
I have the right number of relationships for me. I need a bit of support to keep them.	<input type="checkbox"/>
I have the right number of relationships for me. I do not need any support to keep them.	<input type="checkbox"/>

Being part of the community

This part is about doing things in the community you live in like using local shops, going to the library, cinema, clubs and community centres, church or place of worship and being involved in local organisations. This does not mean activities you do that are run by social services like the day centre.

I do not do much in the community I live in. I need lots of support to do more.	<input type="checkbox"/>
I do some things in the community I live in. I need support to do more.	<input type="checkbox"/>
I do lots of things in the community I live in. I need support to do them	<input type="checkbox"/>
I do lots of things in the community I live in. Occasionally I need support to keep doing them	<input type="checkbox"/>

Work, leisure and learning

This part is about the support you may need to work or get a job, learn new things and enjoy leisure time. This is about the opportunities you have to work and gain new skills and about the things you do in your spare time. This is not about activities you do if you go to a day centre.

I do not have many opportunities to work, learn new things or take part in leisure activities. I need support to do more.	<input type="checkbox"/>
I have some opportunities to work, learn new things and take part in leisure activities. I need some support to do more.	<input type="checkbox"/>
I am busy with a job or learning new things and I enjoy my spare time. I need support to keep these going.	<input type="checkbox"/>
I am busy and enjoy my spare time. I have the support I need to keep these going from family, friends or workmates.	<input type="checkbox"/>

Making decisions

This part is about who decides important things in your life – things like where you live, who supports you, who decides how your money is spent.

Other people make most decisions about my life. I need support to make more decisions.	<input type="checkbox"/>
I decide most day-to-day things. But I don't have as much say in important decisions about my life. I need support.	<input type="checkbox"/>
I make all the decisions. I need support and advice to make them.	<input type="checkbox"/>
I do not need help to make choices or decisions. I make all the decisions. I just need a bit of advice.	<input type="checkbox"/>

Your family member or carer and unpaid social support

This part is for your family member or carer to fill in.

To the family member or carer – What impact does caring have on your life? When you answer this question imagine that you are caring full time (without support from services) even if you are not.

My caring role has a major impact on my life. I am unwilling or unable to continue in the role as it currently is.	<input type="checkbox"/>
My caring role has a big impact on my lifestyle. I need lots of support to continue caring.	<input type="checkbox"/>
I have some difficulty carrying out day-to-day caring tasks. There is an impact on my lifestyle. I need some support to continue caring.	<input type="checkbox"/>
My caring responsibilities have a minor impact on my daily life. I am willing and able to continue in my current caring role and only need a bit of support to continue caring.	<input type="checkbox"/>
I am willing and able to continue in my current caring role. My caring responsibilities have no negative impact on my life.	<input type="checkbox"/>

Your Name:

Date:

Name of carer/ family member:

Name of person completing questionnaire
if different from above:

Thanks to 'in Control' for this questionnaire: www.in-control.org.uk