CAN-R 2nd Edition
Complete assessment summary sheet

Service user name _____ Date of assessment ____/____/____

Staff name _____ Date of assessment ____/____/____

	Need		Informal help given		Formal help given		Formal help needed		Type of help		Amount of help
Rating	N M U ?		0 1 2 3 9		0 1 2 3 9		0 1 2 3 9		0 1 9		0 1 9
Variable name	1U	1S	2U	2S	3U	3S	4U	4S	5U	5S	6S
01. Accommodation											
02. Food											
03. Looking after home											
04. Self-care											
05. Daytime activities											
06. Physical health											
07. Psychotic symptoms											
08. Information											
09. Psychological distress											
10. Safety to self											
11. Safety to others											
12. Alcohol											
13. Drugs											
14. Company											
15. Intimate relationships											
16. Sexual expression											
17. Dependents											
18. Education											
19. Digital communication											
20. Transport											
21. Money											
22. Benefits											
Total Met needs *Number of 'M' ratings*											
Total Unmet needs *Number of 'U' ratings*											
Total needs *Number of 'M' and 'U'*											
Total help and satisfaction *Add scores, rate 9 as 0*											