

Instructions for the CANE

CAMBERWELL ASSESSMENT OF NEED FOR THE ELDERLY

CANE

Version V

CODE	
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Interviewee	Date	Interview Time
User		
Carer		
Staff		
Rater/Clinician		

Background Details

(please fill in blanks, or circle whichever applies)

CODE NUMBER: _____

Date of Birth: _____ AGE: _____(years)

SEX: male / female

ETHNICITY: Asian/ African/ African-American/ Black Caribbean / White/ Other _____

RELIGION: Christian/ Muslim/ Hindu/ Jewish/ Other _____

FIRST LANGUAGE : English/Other _____

MARITAL STATUS: single / married / divorced / separated / widowed

LIVING SITUATION: alone / with partner / with other relatives / with others

LIVING ENVIRONMENT: flat / house / sheltered / residential / nursing / other

PREVIOUS OCCUPATION (or partner's): _____

EDUCATION: _____(years)

CURRENT STATUS: in-patient / day-patient / community patient (Psychiatric / Geriatric/other)

MAIN DIAGNOSES (DSM-IV/ICD 10): _____

CURRENT MEDICATION: _____

DISEASE PREVENTION: (e.g. blood pressure/smoking/sleep pattern/exercise/health screening/vaccination)

DOES THE PERSON HAVE A FAMILY CARER? yes / no

IS THE PERSON A FAMILY CARER? yes / no

The Camberwell Assessment of Need for the Elderly (CANE) is a comprehensive, person-centred needs assessment tool that has been designed for use with older people. It is suitable for use in a variety of clinical and research settings. The CANE has a person-centred approach which allows views of the professional, user and carer to be recorded and compared. The instrument uses the principle that identifying a need means identifying a problem plus an appropriate intervention which will help or alleviate the need. Therefore, the CANE models clinical practice and relies on professional expertise for ratings to be completed accurately. Professionals using the CANE need to have had training and experience working with older people and an adequate knowledge of clinical interviewing and decision-making. They should also have good working knowledge of the concepts of need, met need and unmet need. This knowledge can be gained with experience of the full CANE assessments and reference to the manual.

There are 24 topics relating to the user and two (A and B) relating to the carer. There are four columns to document ratings so that one or more of the user (U), staff member (S), carer (C) or rater (clinician/researcher) (R) can each express their view. Note at the top of the column which person has been interviewed.

Section 1

This section aims to assess whether there is currently a need in the specific area. A *need* is defined as a problem with a potential remedy or intervention. Use the prompts below each area in italics on the record form to establish the user's current status with regards to the need area. If there has been a need, then assess whether it was met appropriately. Score each interviewee independently, even though their perceptions of need in each area may differ from those of others. The administrator should ask additional questions probing into the area until he or she can establish whether the person has a significant need that requires assistance and whether he or she is getting enough of the right type of help. Once this information has been gathered, a rating of need can be made. Judgement of rating in this section should be based on normal clinical practice. The CANE is intended to be a framework for assessment grounded in good professional practice and expertise. Although Section 1 in each problem area is the

main section of interest to CANE administrators, it often cannot be rated until adequate information has been collected about the area. Indeed, some administrators have found it easier to rate Section 1 once information has been collected from Sections 2 to 5. When adequate information has been gathered, the rater should clearly be able to make a clinical judgement as to whether the area is a met need, an unmet need or is not a need for the person. Confusion with ratings can be avoided by not directly asking a closed question about whether there is a problem in a certain area (e.g., 'Do you have any problems with the food here?') because the person can answer 'No'. This response may then be mistaken as a 'No need', where in fact it is a 'Met need' because the person is assisted by someone else.

- ♦ *No need:* Score 0 there if there is no need in the area; then go on to the next page. In this situation, the user is coping well independently and does not need any further assistance. For example, the user has reported that they are successfully administering their own medication and do not have any problematic side effects. Or the staff member reports that the user appeared to be comfortable in his or her home environment and that no alterations to the building are needed or planned.
- ♦ *Met need:* Score 1 if the need is met or if there is a minor need requiring no significant intervention. A need is met when there is a mild, moderate or serious problem which is receiving an intervention that is appropriate and potentially of benefit. This category is also used for problems which would normally not be of clinical significance and would not require a specific intervention. For example, the user is receiving an assessment for poor eyesight or a district nurse is overseeing the administration of medications each day.
- ♦ *Unmet need:* Score 2 if the need is currently unmet. An unmet need is a serious problem requiring intervention or assessment, which is currently receiving no assistance or the *wrong* type or level of help, for example, if a staff member reported that the user was incontinent of large amounts of urine every night despite toileting twice during the night and that the use of pads and further assessment or an intervention was required, or a carer reported that the user had become very hard of hearing and had not received an assessment or suitable hearing aids.

- ◆ *Unknown*: Score 9 if the person does not know about the nature of the problems or about the assistance the person receives; then go on to the next page. Such a score may mean that further information is needed to make a rating.

For any topic, if Section 1 is rated as 1 or 2, complete Sections 2–4. If Section 1 for the topic is rated as 0 or 9, do not complete Sections 2–4 but go to the next topic area.

Section 2

This section asks about assistance from informal sources during the past month. Informal sources include family, friends or neighbours. Use the examples on the assessment form to prompt the interviewee. Score 1 when assistance is given very occasionally or infrequently. Score 2 when assistance is given more frequently or involves more time/effort. Score 3 when assistance is given daily or is intensive (e.g., long periods of respite). Score 4 when assistance is very intensive and/or daily (e.g., family lives with the user and gives them full assistance with most tasks). Score 9 if the interviewee is unsure of the level of assistance provided.

Section 3

- i. This section asks whether the user receives any assistance from local services to help with the problem. These formal supports are defined above to include paid carers, residential care, long-term wards, formal respite, day-care centres, hospitals, community psychiatric nurses or other staff. Use the examples on the assessment form to prompt the interviewee. Score 1 for minimal support, occasional or light support. Score 2 for more regular assistance, maybe once a week or more significant support occasionally. Score 3 for specialist assistance, currently under assessment or more frequent assistance. Score 9 if the interviewee is unsure of the level of assistance provided.
- ii. The second part to Section 3 asks what formal supports the interviewer feels the user *requires*, using the same scale as in part (i) of Section 3. This second part indicates under-met need, where the person is getting (part (i)) less than they require (part (ii)), or overprovision of need, where the person is getting (part (i)) a higher level of service than they require (part (ii)).

Section 4

- i. This section asks whether the person feels that the user is receiving the right type of help with the problem. The answer to this question may have been obvious from the responses to the previous section, especially Section 1. However, if in doubt, ask more specifically. As well as highlighting unmet needs, this section can point out overprovision of needs, where the person reported that the user was receiving a higher level of assistance than they required.
- ii. The second question in Section 4 asks about the user's satisfaction with the assistance they are receiving. Again, this may be obvious from prior responses, but please ask specifically.

Section 5

This section is for noting the individual details of the assessment and the details of the help the user receives and requires (particularly the nature of the unmet needs identified) in order to formulate an action plan. Problems with current interventions or care plans and plans in progress should also be documented in this section. Use codes to document which informant has provided the information (i.e., U = user; S = staff; C = carer; R = rater/professional). Users' perspectives on their expectations, personal strengths and resources should be noted here. Individual spiritual and cultural information should also be noted in this section. This information is vital for establishing an effective individualised care plan.

Scoring

It is to be noted that scoring is a secondary aspect of the CANE, as its primary purpose is to identify and assess individual unmet needs. The total CANE score is based on the rating of Section 1 of each of the 24 problem areas. The two areas (A and B) relating to carers' needs are not added into this total score. Count the total number of met needs (rated as a 1 in Section 1) out of a maximum of 24. Count the total number of unmet needs identified (rated as a 2 in Section 1) out of a maximum of 24. Count the total number of needs identified (rated as a 1 or 2 in Section 1) out of a maximum of 24. The raters' (clinicians or researchers) ratings are made based on all the information gathered through the assessment. Raters' ratings of Section 1 are used as the basis for total CANE scores.

1. ACCOMMODATION**ASSESSMENTS**

user carer staff rater

DOES THE PERSON HAVE AN APPROPRIATE PLACE TO LIVE?

*What kind of home do you live in? Do you have any problems with accommodation?***0 = NO NEED**

e.g. Has an adequate and appropriate home (even if currently in hospital). No need for assistance with accommodation

1 = MET NEED

e.g. Home undergoing adaptation/redecoration. Needs and is getting help with accommodation, e.g., in residential care, sheltered housing.

2 = UNMET NEED

e.g. Homeless, inappropriately housed or home lacks basic facilities such as water, electricity, heating or essential alterations. Person is facing eviction

9 = NOT KNOWN

IF RATED 0 OR 9 GO TO QUESTION 2

HOW MUCH HELP DOES THE PERSON RECEIVE FROM RELATIVES OR FRIENDS WITH THEIR ACCOMMODATION

0 = NONE**1 = LOW HELP**

e.g. Occasionally does odd jobs concerning accommodation e.g., minor redecorations.

2 = MODERATE HELP

e.g. Substantial help with improving accommodation such as organising redecoration or specific adaptations. Repairs and maintenance

3 = HIGH HELP

e.g. Living with a relative because own accommodation is unsatisfactory.

9 = NOT KNOWN**HOW MUCH HELP DOES THE PERSON RECEIVE FROM LOCAL SERVICES WITH THEIR ACCOMMODATION?**

HOW MUCH HELP DOES THE PERSON NEED FROM LOCAL SERVICES WITH THEIR ACCOMMODATION?

0 = NONE**1 = LOW HELP**

e.g. Minor redecoration; Referral to housing agency/ assisted housing.

2 = MODERATE HELP

e.g. Major improvements; actively pursuing change in accommodation.

3 = HIGH HELP

e.g. Being rehoused; living in supported accommodation residential care, nursing home or continuing care hospital ward.

9 = NOT KNOWN**DOES THE PERSON RECEIVE THE RIGHT TYPE OF HELP WITH THEIR ACCOMMODATION? (0 = NO 1 = YES 9 = NOT KNOWN)**

OVERALL, IS THE PERSON SATISFIED WITH THE AMOUNT OF HELP THEY ARE RECEIVING WITH ACCOMMODATION?

(0 = NOT SATISFIED 1 = SATISFIED 9 = NOT KNOWN)

COMMENTS

2. LOOKING AFTER THE HOME**ASSESSMENTS**

user carer staff rater

DOES THE PERSON HAVE DIFFICULTY IN LOOKING AFTER THEIR HOME?

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*Are you able to look after your household chores?**Does anyone help you?***0 = NO NEED**

e.g. Independent in looking after the home, home may be untidy but kept basically clean.

1 = MET NEED

e.g. Limited in looking after home and has appropriate level of domestic help. Has private cleaner

2 = UNMET NEED

e.g. Not receiving appropriate level of domestic assistance. Home is a potential health/fire/escape hazard. Squalid - environmental cleaning team needed.

9 = NOT KNOWN**IF RATED 0 OR 9 GO TO QUESTION 3****HOW MUCH HELP DOES THE PERSON RECEIVE FROM RELATIVES OR FRIENDS WITH LOOKING AFTER THE HOME?**

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0 = NONE**1 = LOW HELP**

e.g. Prompts or helps tidy up or clean occasionally.

2 = MODERATE HELP

e.g. Prompts or helps cleans at least once a week.

3 = HIGH HELP

e.g. Does most or all of the household tasks.

9 = NOT KNOWN**HOW MUCH HELP DOES THE PERSON RECEIVE FROM LOCAL SERVICES WITH LOOKING AFTER THE HOME?**

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HOW MUCH HELP DOES THE PERSON NEED FROM LOCAL SERVICES WITH LOOKING AFTER THE HOME?

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0 = NONE**1 = LOW HELP**

e.g. Prompting / supervision by staff.

2 = MODERATE HELP

e.g. Some assistance with household tasks.

3 = HIGH HELP

e.g. Majority of household tasks done by staff.

9 = NOT KNOWN**DOES THE PERSON RECEIVE THE RIGHT TYPE OF HELP WITH LOOKING AFTER THE HOME? (0 = NO 1 = YES 9 = NOT KNOWN)**

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OVERALL, IS THE PERSON SATISFIED WITH THE AMOUNT OF HELP THEY ARE RECEIVING WITH LOOKING AFTER THE HOME?**(0 = NOT SATISFIED 1 = SATISFIED 9 = NOT KNOWN)**

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COMMENTS

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3. FOOD**ASSESSMENTS**

user carer staff rater

DOES THE PERSON HAVE DIFFICULTY IN GETTING ENOUGH TO EAT?

*Are you able to prepare your own meals and do your own shopping?**Are you getting the right sort of food?***0 = NO NEED**

e.g. Able to buy and/or prepare adequate meals independently. Online food shopping/takeaway food

1 = MET NEED

e.g. Unable to prepare food or drinks and has meals or assistance provided to meet need. Has foodbank vouchers

2 = UNMET NEED

e.g. Very restricted diet; culturally inappropriate food; unable to obtain adequate food; difficulty swallowing food. Needs foodbank vouchers

9 = NOT KNOWN

IF RATED 0 OR 9 GO TO QUESTION 5

HOW MUCH HELP DOES THE PERSON RECEIVE FROM RELATIVES OR FRIENDS WITH GETTING ENOUGH TO EAT?

0 = NONE**1 = LOW HELP**

e.g. Occasional meal provided and/or occasional help with shopping/online orders.

2 = MODERATE HELP

e.g. Help with weekly shopping and/or meals provided more than weekly, but not daily.

3 = HIGH HELP

e.g. Assistance with food provided daily.

9 = NOT KNOWN

HOW MUCH HELP DOES THE PERSON RECEIVE FROM LOCAL SERVICES WITH GETTING ENOUGH TO EAT

HOW MUCH HELP DOES THE PERSON NEED FROM LOCAL SERVICES WITH GETTING ENOUGH TO EAT

0 = NONE**1 = LOW HELP**

e.g. 1-4 meals a week provided or assisted for one meal a week.

2 = MODERATE HELP

e.g. More than 4 meals a week provided or assisted for all meals. Weekly shopping.

3 = HIGH HELP

e.g. All meals provided. Receives foodbank vouchers

9 = NOT KNOWN

DOES THE PERSON RECEIVE THE RIGHT TYPE OF HELP WITH GETTING ENOUGH TO EAT? (0 = NO 1 = YES 9 = NOT KNOWN)

OVERALL, IS THE PERSON SATISFIED WITH THE AMOUNT OF HELP THEY ARE RECEIVING WITH GETTING ENOUGH TO EAT? (0 = NOT SATISFIED 1 = SATISFIED 9 = NOT KNOWN)

COMMENTS

4. SELF CARE**ASSESSMENTS**

user carer staff rater

DOES THE PERSON HAVE DIFFICULTY WITH SELF CARE?

*Are you having any difficulty with personal care like washing, cutting your nails or dressing?
Do you ever need help?*

0 = NO NEED

e.g. Appropriately dressed and groomed independently.

1 = MET NEED

e.g. Needs and gets appropriate help with self care.

2 = UNMET NEED

e.g. Poor personal hygiene, unable to wash or dress, not receiving appropriate help.

9 = NOT KNOWN

IF RATED 0 OR 9 GO TO QUESTION 5

HOW MUCH HELP DOES THE PERSON RECEIVE FROM
RELATIVES OR FRIENDS WITH SELF CARE?

0 = NONE

1 = LOW HELP

e.g. Prompts (e.g. to change clothes) or helps occasionally.

2 = MODERATE HELP

e.g. Regular assistance e.g. weekly or more often.

3 = HIGH HELP

e.g. Daily assistance with care e.g. dressing, bathing: weekly laundry.

9 = NOT KNOWN

HOW MUCH HELP DOES THE PERSON RECEIVE FROM LOCAL
SERVICES WITH SELF CARE?

HOW MUCH HELP DOES THE PERSON NEED FROM LOCAL
SERVICES WITH SELF CARE?

0 = NONE

1 = LOW HELP

e.g. Occasional prompting by staff.

2 = MODERATE HELP

e.g. Supervise weekly washing and some other aspects of self-care

3 = HIGH HELP

e.g. Supervise most aspects of self care: assist most days.

9 = NOT KNOWN

DOES THE PERSON RECEIVE THE RIGHT TYPE OF HELP WITH
SELF CARE? (0 = NO 1 = YES 9 = NOT KNOWN)

OVERALL, IS THE PERSON SATISFIED WITH THE AMOUNT OF
HELP THEY ARE RECEIVING WITH SELF CARE?

(0 = NOT SATISFIED 1 = SATISFIED 9 = NOT KNOWN)

COMMENTS

5. CARING FOR SOMEONE ELSE**ASSESSMENTS**

user carer staff rater

DOES THE PERSON HAVE DIFFICULTY CARING FOR ANOTHER PERSON?

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*Is there anyone that you are caring for? Do you have any difficulty in looking after them?
Do you have childcare responsibilities (e.g. for grandchildren)?*

0 = NO NEED

e.g. No-one to care for or no problem in caring.

1 = MET NEED

e.g. Difficulties with caring and receiving help.

2 = UNMET NEED

e.g. Serious difficulty in looking after or caring for another person.

9 = NOT KNOWN**IF RATED 0 OR 9 GO TO QUESTION 6****HOW MUCH HELP DOES THE PERSON RECEIVE FROM RELATIVES OR FRIENDS WITH LOOKING AFTER SOMEONE ELSE?**

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0 = NONE**1 = LOW HELP**

e.g. Occasional help, less than once a week.

2 = MODERATE HELP

e.g. Help most days.

3 = HIGH HELP

e.g. Cared for person goes to stay with friends or relatives, assistance required everyday.

9 = NOT KNOWN**HOW MUCH HELP DOES THE PERSON RECEIVE FROM LOCAL SERVICES WITH CARING?**

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HOW MUCH HELP DOES THE PERSON NEED FROM LOCAL SERVICES WITH CARING?

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0 = NONE**1 = LOW HELP**

e.g. Person goes to day care: weekly assistance at home.

2 = MODERATE HELP

e.g. Nearly daily assistance at home, on-going carer support/training for user

3 = HIGH HELP

e.g. Respite care, 24-hour package or plans for alternative care for the cared for person.

9 = NOT KNOWN**DOES THE PERSON RECEIVE THE RIGHT TYPE OF HELP WITH CARING? (0 = NO 1 = YES 9 = NOT KNOWN)**

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OVERALL, IS THE PERSON SATISFIED WITH THE AMOUNT OF HELP THEY ARE RECEIVING WITH CARING?

(0 = NOT SATISFIED 1 = SATISFIED 9 = NOT KNOWN)

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COMMENTS

6. DAYTIME ACTIVITIES

ASSESSMENTS

user carer staff rater

DOES THE PERSON HAVE DIFFICULTY WITH REGULAR, APPROPRIATE DAYTIME ACTIVITIES?

How do you spend your day? Do you have enough to do?

0 = NO NEED

e.g. Adequate social, work, leisure or learning activities, can arrange own activities. Computer literate – access to social media/internet

1 = MET NEED

e.g. Some limitation in occupying self, has appropriate activities organised by others.

2 = UNMET NEED

e.g. No adequate social, work or leisure activities.

9 = NOT KNOWN

IF RATED 0 OR 9 GO TO QUESTION 7

HOW MUCH HELP DOES THE PERSON RECEIVE FROM RELATIVES OR FRIENDS IN FINDING OR KEEPING REGULAR AND APPROPRIATE DAYTIME ACTIVITIES?

0 = NONE

1 = LOW HELP

e.g. Occasional help in arranging activities.

2 = MODERATE HELP

e.g. Help at least weekly.

3 = HIGH HELP

e.g. Daily help with arranging or providing activities.

9 = NOT KNOWN

HOW MUCH HELP DOES THE PERSON RECEIVE FROM LOCAL SERVICES IN FINDING OR KEEPING REGULAR AND APPROPRIATE ACTIVITIES?

HOW MUCH HELP DOES THE PERSON NEED FROM LOCAL SERVICES IN FINDING OR KEEPING REGULAR AND APPROPRIATE ACTIVITIES?

0 = NONE

1 = LOW HELP

e.g. Adult Education. Weekly day activity.

2 = MODERATE HELP

e.g. Day centre 2-4 days a week. Day Hospital attendance. Adequate activities 2-4 days week

3 = HIGH HELP

e.g. Provision of suitable activity 5 or more days per week e.g. day hospital or day centre

9 = NOT KNOWN

DOES THE PERSON RECEIVE THE RIGHT TYPE OF HELP WITH ACTIVITIES? (0 = NO 1 = YES 9 = NOT KNOWN)

OVERALL, IS THE PERSON SATISFIED WITH THE AMOUNT OF HELP THEY ARE RECEIVING WITH ACTIVITIES? (0 = NOT SATISFIED 1 = SATISFIED 9 = NOT KNOWN)

COMMENTS

7. MEMORY**ASSESSMENTS**

user carer staff rater

DOES THE PERSON HAVE A PROBLEM WITH MEMORY?

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*Do you often have a problem remembering things that happened recently?**Do you often forget where you've put things?*

0 = NO NEED

e.g. Occasionally forgets, but remembers later. No problem with memory.

1 = MET NEED

e.g. Some problems, but having investigations / assistance. Effective use of memory aids

2 = UNMET NEED

e.g. Clear deficit in recalling new information: loses things: becomes disorientated in time and/or place, not receiving appropriate assistance. Needs diagnostic assessment

9 = NOT KNOWN

IF RATED 0 OR 9 GO TO QUESTION 8

HOW MUCH HELP DOES THE PERSON RECEIVE FROM RELATIVES OR FRIENDS FOR MEMORY LOSS?

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0 = NONE

1 = LOW HELP

e.g. Prompting, occasional notes, reminders.

2 = MODERATE HELP

e.g. Assistance / supervision most days. Use of daily diary/calendar

3 = HIGH HELP

e.g. Living with relative. Constant supervision.

9 = NOT KNOWN

HOW MUCH HELP DOES THE PERSON RECEIVE FROM LOCAL SERVICES FOR MEMORY LOSS?

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HOW MUCH HELP DOES THE PERSON NEED FROM LOCAL SERVICES FOR MEMORY LOSS?

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0 = NONE

1 = LOW HELP

e.g. Some advice/ assistance with memory, GP clinic reviews.

2 = MODERATE HELP

e.g. Undergoing investigations. Regularly sees health care professional, e.g. Memory Clinic, Day Hospital, Specialist day facility. Modified environment.

3 = HIGH HELP

e.g. Specially modified care because of memory needs. Intensive assistance. Referral to memory clinic needed

9 = NOT KNOWN

DOES THE PERSON RECEIVE THE RIGHT TYPE OF HELP FOR MEMORY LOSS? (0 = NO 1 = YES 9 = NOT KNOWN)

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OVERALL, IS THE PERSON SATISFIED WITH THE AMOUNT OF HELP THEY ARE RECEIVING FOR MEMORY LOSS?

(0 = NOT SATISFIED 1 = SATISFIED 9 = NOT KNOWN)

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COMMENTS

8. EYESIGHT / HEARING / COMMUNICATION**ASSESSMENTS**

user carer staff rater

DOES THE PERSON HAVE A PROBLEM WITH SIGHT OR HEARING?

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*Do you have any difficulty hearing what someone says to you in a quiet room?**Do you have difficulty in seeing newsprint or watching television?**Are you able to express yourself clearly?*

- 0 = NO NEED e.g. No difficulties (wears appropriate corrective lenses or hearing aid, is independent).
- 1 = MET NEED e.g. Some difficulty, but aids help to some extent, receiving appropriate investigations or assistance to care for aids. Uses communication tools,
- 2 = UNMET NEED e.g. A lot of difficulty seeing, hearing or expressing themselves, does not receive appropriate assistance. Can sign signature
- 9 = NOT KNOWN

IF RATED 0 OR 9 GO TO QUESTION 9

HOW MUCH HELP DOES THE PERSON RECEIVE FROM RELATIVES OR FRIENDS WITH EYESIGHT/HEARING?

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- 0 = NONE
- 1 = LOW HELP e.g. Help making appointments for sight/ hearing problems. Occasional assistance
- 2 = MODERATE HELP e.g. Regular help with difficult tasks e.g. reading correspondence.
- 3 = HIGH HELP e.g. Help with most tasks that are difficult because of hearing/vision problem.
- 9 = NOT KNOWN

HOW MUCH HELP DOES THE PERSON RECEIVE FROM LOCAL SERVICES WITH EYESIGHT/ HEARING

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HOW MUCH HELP DOES THE PERSON NEED FROM LOCAL SERVICES WITH EYESIGHT/ HEARING?

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- 0 = NONE
- 1 = LOW HELP e.g. Advice about impairment, aids provided or monitored. Prompts to use aids/glasses
- 2 = MODERATE HELP e.g. Investigations/ treatment. Aids regularly formally reviewed. Regular assistance with tasks.
- 3 = HIGH HELP e.g. Assistance several days a week. Hospital appointments / specialist services or specialist day facilities. Referral for eyesight/hearing problems needed
- 9 = NOT KNOWN

DOES THE PERSON RECEIVE THE RIGHT TYPE OF HELP WITH EYESIGHT / HEARING? (0 = NO 1 = YES 9 = NOT KNOWN)

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OVERALL, IS THE PERSON SATISFIED WITH THE AMOUNT OF HELP THEY ARE RECEIVING WITH EYESIGHT/ HEARING?

(0 = NOT SATISFIED 1 = SATISFIED 9 = NOT KNOWN)

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COMMENTS

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9. MOBILITY / FALLS**ASSESSMENTS**

user carer staff rater

DOES THE PERSON HAVE RESTRICTED MOBILITY, FALLS OR ANY PROBLEMS USING PUBLIC TRANSPORT?

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Do you have trouble moving about your home? Do you have falls or experience dizziness/loss of balance? Do you have trouble with transport?

0 = NO NEED e.g. Physically able and mobile. Has mobility car allowance

1 = MET NEED e.g. Some difficulty walking, climbing steps or using public transport, but able with assistance (e.g. walking aids, wheelchair). Occasional fall. Safety plan in place.

2 = UNMET NEED e.g. Very restricted mobility even with walking aid. Frequent falls. Lack of appropriate help.

9 = NOT KNOWN

IF RATED 0 OR 9 GO TO QUESTION 10

HOW MUCH HELP DOES THE PERSON RECEIVE FROM RELATIVES OR FRIENDS FOR MOBILITY PROBLEMS

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0 = NONE

1 = LOW HELP e.g. Occasional help e.g. with transport, support.

2 = MODERATE HELP e.g. Regular help with mobility/ public transport. Help organising home access alterations.

3 = HIGH HELP e.g. Daily help and supervision with mobility/ transport.

9 = NOT KNOWN

HOW MUCH HELP DOES THE PERSON RECEIVE FROM LOCAL SERVICES FOR MOBILITY PROBLEMS

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HOW MUCH HELP DOES THE PERSON NEED FROM LOCAL SERVICES FOR MOBILITY PROBLEMS?

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0 = NONE

1 = LOW HELP e.g. Advice, one or more aids. Referral for wheelchair

2 = MODERATE HELP e.g. Currently undergoing investigations and/or O.T./ Physiotherapy assessments, regular transport, e.g. to day centre, light mobility assistance given. Application to mobility car scheme/mobility scooter, Disabled parking space, Disability badge

3 = HIGH HELP e.g. Fully appropriate home alterations and aids. Substantial assistance most days. Care home because of mobility needs. Needs referral to physiotherapy/falls clinics

9 = NOT KNOWN

DOES THE PERSON RECEIVE THE RIGHT TYPE OF HELP FOR MOBILITY PROBLEMS? (0 = NO 1 = YES 9 = NOT KNOWN)

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OVERALL, IS THE PERSON SATISFIED WITH THE AMOUNT OF HELP THEY ARE RECEIVING FOR MOBILITY PROBLEMS (0 = NOT SATISFIED 1 = SATISFIED 9 = NOT KNOWN)

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COMMENTS

10. CONTINENCE**ASSESSMENTS**

user carer staff rater

DOES THE PERSON HAVE INCONTINENCE?

*Do you ever have accidents/ find yourself wet if you can't get to the toilet quickly?
(How much of a problem? Ever any soiling? Are you getting any help?)*

0 = NO NEED

e.g. No incontinence. Independent in managing incontinence.

1 = MET NEED

e.g. Some incontinence. Receiving appropriate help/ investigations.

2 = UNMET NEED

e.g. Regularly wet or soiled. Deteriorating in continence needing assessment.

9 = NOT KNOWN

IF RATED 0 OR 9 GO TO QUESTION 11

HOW MUCH HELP DOES THE PERSON RECEIVE FROM
RELATIVES OR FRIENDS FOR INCONTINENCE?

0 = NONE

1 = LOW HELP

e.g. Prompts to maintain continence. Orders continence aids online/from local pharmacy

2 = MODERATE HELP

e.g. Regularly assists with laundry, hygiene and use of aids.

3 = HIGH HELP

e.g. Full assistance with continence (laundry, hygiene, aids).

9 = NOT KNOWN

HOW MUCH HELP DOES THE PERSON RECEIVE FROM LOCAL
SERVICES FOR INCONTINENCE?

HOW MUCH HELP DOES THE PERSON NEED FROM LOCAL
SERVICES FOR INCONTINENCE?

0 = NONE

1 = LOW HELP

e.g. Prompts to maintain continence and provision of aids.

2 = MODERATE HELP

e.g. Investigations/ treatment. Regular help with laundry, hygiene and aids.

3 = HIGH HELP

e.g. Planned medical intervention (e.g. surgery). Constant care and assistance because of incontinence (e.g. in care home). Substantial continence programme in place.

9 = NOT KNOWN

DOES THE PERSON RECEIVE THE RIGHT TYPE OF HELP FOR
INCONTINENCE? (0 = NO 1 = YES 9 = NOT KNOWN)

OVERALL, IS THE PERSON SATISFIED WITH THE AMOUNT OF
HELP THEY ARE RECEIVING FOR INCONTINENCE?

(0 = NOT SATISFIED 1 = SATISFIED 9 = NOT KNOWN)

COMMENTS

11. PHYSICAL HEALTH**ASSESSMENTS**

user carer staff rater

DOES THE PERSON HAVE ANY PHYSICAL ILLNESS?

*How well do you feel physically?**Are you getting any treatment from your doctor for physical problems?*

0 = NO NEED

e.g. Physically well. Receiving no medical interventions.

1 = MET NEED

e.g. Physical ailment such as high blood pressure under control, receiving appropriate treatment / investigation. Reviews of physical conditions. Receiving palliative care

2 = UNMET NEED

e.g. Untreated serious physical ailment. Significant pain. Awaiting major surgery. Dehydration/Malnutrition Referral to palliative care team needed. Insomnia.

9 = NOT KNOWN

IF RATED 0 OR 9 GO TO QUESTION 12

HOW MUCH HELP DOES THE PERSON RECEIVE FROM RELATIVES OR FRIENDS FOR PHYSICAL HEALTH PROBLEMS?

0 = NONE

1 = LOW HELP

e.g. Arranging appointments to see doctor.

2 = MODERATE HELP

e.g. Accompanied regularly to doctor / clinics.

3 = HIGH HELP

e.g. Daily help with condition arising out of physical health problems, e.g. living with a relative while convalescing or ill.

9 = NOT KNOWN

HOW MUCH HELP DOES THE PERSON RECEIVE FROM LOCAL SERVICES FOR PHYSICAL HEALTH PROBLEMS?

HOW MUCH HELP DOES THE PERSON NEED FROM LOCAL SERVICES FOR PHYSICAL HEALTH PROBLEMS?

0 = NONE

1 = LOW HELP

e.g. Given dietary or health advice. Occasional visit to GP for medicines.

2 = MODERATE HELP

e.g. Prescribed significant medications. Regularly seen by health care professional (GP, nurse, day hospital staff, outpatient clinic). Supplements provided

3 = HIGH HELP

e.g. Inpatient admissions, 24-hour nursing care. Very regular or intensive treatment.

9 = NOT KNOWN

DOES THE PERSON RECEIVE THE RIGHT TYPE OF HELP FOR PHYSICAL HEALTH PROBLEMS? (0 = NO 1 = YES 9 = NOT KNOWN)

OVERALL, IS THE PERSON SATISFIED WITH THE AMOUNT OF HELP THEY ARE RECEIVING FOR PHYSICAL HEALTH PROBLEMS? (0 = NOT SATISFIED 1 = SATISFIED 9 = NOT KNOWN)

COMMENTS

NB: consider oral health, skin care and foot care particularly in those people who are very frail or who have chronic medical conditions

12. DRUGS**ASSESSMENTS**

user carer staff rater

DOES THE PERSON HAVE PROBLEMS WITH MEDICATION OR DRUGS?

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Do you have any problems (e.g. side effects) with medication? How much medication are you on? Has your medication been recently reviewed by your doctor? Do you take any drugs that are not prescribed?

- 0 = NO NEED e.g. No problems with compliance, side effects, drug abuse or dependency.
- 1 = MET NEED e.g. Regular reviews, advice, District Nurse/ CPN administers medication, Dosette boxes/ aids
- 2 = UNMET NEED e.g. Poor compliance, dependency or abuse of prescribed or non-prescribed drugs. Inappropriate medication given. Use of illicit substances. Sharing of prescription. Hoarding of medication.
- 9 = NOT KNOWN

IF RATED 0 OR 9 GO TO QUESTION 13

HOW MUCH HELP DOES THE PERSON RECEIVE FROM RELATIVES OR FRIENDS WITH THEIR MEDICATION?

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- 0 = NONE
- 1 = LOW HELP e.g. Occasional prompt. Advice about drug misuse.
- 2 = MODERATE HELP e.g. Collection, regular reminding and checking of medication. Advice about agencies.
- 3 = HIGH HELP e.g. Administers and holds medication. Support during drug withdrawal programme.
- 9 = NOT KNOWN

HOW MUCH HELP DOES THE PERSON RECEIVE FROM LOCAL SERVICES WITH THEIR MEDICATION?

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HOW MUCH HELP DOES THE PERSON NEED FROM LOCAL SERVICES WITH THEIR MEDICATION?

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- 0 = NONE
- 1 = LOW HELP e.g. Advice from GP. Prompts to take medication.
- 2 = MODERATE HELP e.g. Supervision by District Nurse/ CPN/ Day Hospital/ care facility administers drugs.
- 3 = HIGH HELP e.g. Intensive program regarding drug administration, compliance, abuse, or dependency (e.g., supervised withdrawal programme for drug dependency. Review of medication needed)
- 9 = NOT KNOWN

DOES THE PERSON RECEIVE THE RIGHT TYPE OF HELP WITH MEDICATION? (0 = NO 1 = YES 9 = NOT KNOWN)

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OVERALL, IS THE PERSON SATISFIED WITH THE AMOUNT OF HELP THEY ARE RECEIVING WITH THEIR MEDICATION? (0 = NOT SATISFIED 1 = SATISFIED 9 = NOT KNOWN)

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COMMENTS

13. PSYCHOTIC SYMPTOMS**ASSESSMENTS**

user carer staff rater

DOES THE PERSON HAVE SYMPTOMS SUCH AS DELUSIONAL BELIEFS, HALLUCINATIONS, FORMAL THOUGHT DISORDER OR PASSIVITY?

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Do you ever hear voices or see things that other people do not? Do you ever think that people are trying to harm you, or steal from you when they are not?

Are you on medication for this?

0 = NO NEED

e.g. No definite symptoms. Not at risk or in distress from symptoms and not on medication for psychotic symptoms.

1 = MET NEED

e.g. Symptoms helped by medication or other help e.g., coping strategies, safety plan.

2 = UNMET NEED

e.g. Currently has untreated symptoms or medication is not helping. Symptoms due to possible delirium. High levels of agitation

9 = NOT KNOWN

IF RATED 0 OR 9 GO TO QUESTION 14

HOW MUCH HELP DOES THE PERSON RECEIVE FROM RELATIVES OR FRIENDS FOR THESE PSYCHOTIC SYMPTOMS?

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0 = NONE

1 = LOW HELP

e.g. Some support.

2 = MODERATE HELP

e.g. Carers involved in helping with coping strategies or medication compliance.

3 = HIGH HELP

e.g. Constant supervision of medication and helping with coping strategies.

9 = NOT KNOWN

HOW MUCH HELP DOES THE PERSON RECEIVE FROM LOCAL SERVICES FOR THESE PSYCHOTIC SYMPTOMS?

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HOW MUCH HELP DOES THE PERSON NEED FROM LOCAL SERVICES FOR THESE PSYCHOTIC SYMPTOMS?

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0 = NONE

1 = LOW HELP

e.g. Mental state and medication reviewed every three months or less often, support group.

2 = MODERATE HELP

e.g. Mental state and medication reviewed more frequently than every three months. Frequent specific therapy e.g. day hospital, high CPN input. Monthly depot.

3 = HIGH HELP

e.g. Active treatment/ 24-hour hospital care, daily day care or crisis care at home.

9 = NOT KNOWN

DOES THE PERSON RECEIVE THE RIGHT TYPE OF HELP FOR THESE SYMPTOMS? (0 = NO 1 = YES 9 = NOT KNOWN)

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OVERALL, IS THE PERSON SATISFIED WITH THE AMOUNT OF HELP THEY ARE RECEIVING FOR THESE SYMPTOMS?

(0 = NOT SATISFIED 1 = SATISFIED 9 = NOT KNOWN)

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COMMENTS

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14. PSYCHOLOGICAL DISTRESS**ASSESSMENTS**

user carer staff rater

DOES THE PERSON SUFFER FROM CURRENT PSYCHOLOGICAL DISTRESS?

Have you recently felt very sad or fed up? Have you felt very anxious, frightened or worried?

0 = NO NEED

e.g. Occasional or mild distress. Copes independently

1 = MET NEED

e.g. Needs and gets on-going support.

2 = UNMET NEED

e.g. Distress affects life significantly, e.g. prevents person going out. Agitation

9 = NOT KNOWN

IF RATED 0 OR 9 GO TO QUESTION 15

HOW MUCH HELP DOES THE PERSON RECEIVE FROM RELATIVES OR FRIENDS FOR THIS DISTRESS?

0 = NONE

1 = LOW HELP

e.g. Some sympathy and support.

2 = MODERATE HELP

e.g. Has opportunity at least once a week to talk about distress and get help with coping strategies. Peer support provided. Access to online forums

3 = HIGH HELP

e.g. Constant support and supervision.

9 = NOT KNOWN

HOW MUCH HELP DOES THE PERSON RECEIVE FROM LOCAL SERVICES FOR THIS DISTRESS?

HOW MUCH HELP DOES THE PERSON NEED FROM LOCAL SERVICES FOR THIS DISTRESS?

0 = NONE

1 = LOW HELP

e.g. Assessment of mental state or occasional support.

2 = MODERATE HELP

e.g. Specific psychological or social intervention for distress. Counselling by staff at least once a week e.g. at Day Hospital. Access to telephone helpline

3 = HIGH HELP

e.g. 24-hour hospital care, or crisis care at home, daily assistance for distress. Needs referral for psychological support. Unresolved trauma

9 = NOT KNOWN

DOES THE PERSON RECEIVE THE RIGHT TYPE OF HELP FOR THIS DISTRESS? (0 = NO 1 = YES 9 = NOT KNOWN)

OVERALL, IS THE PERSON SATISFIED WITH THE AMOUNT OF HELP THEY ARE RECEIVING FOR THIS DISTRESS (0 = NOT SATISFIED 1 = SATISFIED 9 = NOT KNOWN)

COMMENTS

15. INFORMATION (ON CONDITION & TREATMENT)**ASSESSMENTS**

user carer staff rater

HAS THE PERSON HAD CLEAR VERBAL OR WRITTEN INFORMATION ABOUT THEIR CONDITION AND TREATMENT?

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*Have you been given clear information about your condition, medication or other treatment?
Do you want such information? How helpful has the information been?*

0 = NO NEED

e.g. Has received and understood adequate information. Has not received but does not want information.

1 = MET NEED

e.g. Receives assistance to understand information. Information given that is appropriate for the person's level of communication / understanding.

2 = UNMET NEED

e.g. Has received inadequate or no information. Lack of mental capacity

9 = NOT KNOWN

IF RATED 0 OR 9 GO TO QUESTION 16

HOW MUCH HELP DOES THE PERSON RECEIVE FROM RELATIVES OR FRIENDS IN OBTAINING SUCH INFORMATION?

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0 = NONE**1 = LOW HELP**

e.g. Some advice. Signposting to online internet sources.

2 = MODERATE HELP

e.g. Given leaflets/ fact-sheets or put in touch with self help groups.

3 = HIGH HELP

e.g. Regular liaison with mental health staff or voluntary groups (e.g. Alzheimer's Society) by friends or relatives. Lacks capacity, has nominated consultee.

9 = NOT KNOWN**HOW MUCH HELP DOES THE PERSON RECEIVE FROM LOCAL SERVICES IN OBTAINING SUCH INFORMATION?**

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HOW MUCH HELP DOES THE PERSON NEED FROM LOCAL SERVICES IN OBTAINING SUCH INFORMATION?

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0 = NONE**1 = LOW HELP**

e.g. Brief verbal or written information on illness/ problem/ treatment.

2 = MODERATE HELP

e.g. Given details of self-help groups. Long verbal information sessions e.g. during Day Hospital attendance.

3 = HIGH HELP

e.g. Has been given specific personal education with or without detailed written information. Lacks capacity needs nominated consultee

9 = NOT KNOWN**DOES THE PERSON RECEIVE THE RIGHT TYPE OF HELP IN OBTAINING INFORMATION? (0 = NO 1 = YES 9 = NOT KNOWN)**

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OVERALL, IS THE PERSON SATISFIED WITH THE AMOUNT OF HELP THEY ARE RECEIVING IN OBTAINING INFORMATION?

(0 = NOT SATISFIED 1 = SATISFIED 9 = NOT KNOWN)

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COMMENTS

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16. DELIBERATE SELF-HARM**ASSESSMENTS**

user carer staff rater

IS THE PERSON A DANGER TO THEMSELVES?

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Do you ever think of harming yourself or actually tried to harm yourself?

0 = NO NEED e.g. No thoughts of self-harm or suicide.

1 = MET NEED e.g. Suicide risk monitored by staff, receiving counselling, adequate safety plan in place.

2 = UNMET NEED e.g. Has expressed suicidal intent, deliberately neglected self or exposed self to serious danger in the last month. Self-harming behaviour

9 = NOT KNOWN

IF RATED 0 OR 9 GO TO QUESTION 17

HOW MUCH HELP DOES THE PERSON RECEIVE FROM RELATIVES OR FRIENDS TO REDUCE RISK OF DELIBERATE SELF HARM?

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0 = NONE

1 = LOW HELP e.g. Able to contact friends or relatives if feeling unsafe.

2 = MODERATE HELP e.g. Friends or relatives are usually in contact and are likely to know if feeling unsafe.

3 = HIGH HELP e.g. Friends or relatives in regular contact and are very likely to know and provide help if feeling unsafe.

9 = NOT KNOWN

HOW MUCH HELP DOES THE PERSON RECEIVE FROM LOCAL SERVICES TO REDUCE THE RISK OF DELIBERATE SELF-HARM?

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HOW MUCH HELP DOES THE PERSON NEED FROM LOCAL SERVICES TO REDUCE THE RISK OF DELIBERATE SELF-HARM?

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0 = NONE

1 = LOW HELP e.g. Someone to contact if feeling unsafe.

2 = MODERATE HELP e.g. Staff check at least once a week: regular supportive counselling.

3 = HIGH HELP e.g. Daily supervision: inpatient care because of risk. Needs constant supervision

9 = NOT KNOWN

DOES THE PERSON RECEIVE THE RIGHT TYPE OF HELP TO REDUCE RISK OF DELIBERATE SELF-HARM?

(0 = NO 1 = YES 9 = NOT KNOWN)

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OVERALL, IS THE PERSON SATISFIED WITH THE AMOUNT OF HELP THEY ARE RECEIVING TO REDUCE RISK OF DELIBERATE SELF-HARM? (0 = NOT SATISFIED 1 = SATISFIED 9 = NOT KNOWN)

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COMMENTS

17. INADVERTENT SELF-HARM**ASSESSMENTS**

user carer staff rater

IS THE PERSON AT INADVERTENT RISK TO THEMSELVES?

Do you ever do anything that accidentally puts yourself in danger (e.g. leaving gas taps on, leaving fire unattended or getting lost)?

0 = NO NEED

e.g. No accidental self-harm.

1 = MET NEED

e.g. Specific supervision or help to prevent harm: e.g. memory notes, prompts, secure environment, observation. Use of assistive technology e.g. GPS tracker, Safekey

2 = UNMET NEED

e.g. Dangerous behaviour, e.g. getting lost, gas/ fire hazard, no appropriate safety plan. Risk assessment needed

9 = NOT KNOWN

IF RATED 0 OR 9 GO TO QUESTION 18

HOW MUCH HELP DOES THE PERSON RECEIVE FROM RELATIVES OR FRIENDS TO REDUCE RISK OF INADVERTENT SELF HARM

0 = NONE

1 = LOW HELP

e.g. Periodic supervision: weekly or less.

2 = MODERATE HELP

e.g. Supervision on 3-5 days a week.

3 = HIGH HELP

e.g. Almost constant supervision/ 24-hour care because of risk.

9 = NOT KNOWN

HOW MUCH HELP DOES THE PERSON RECEIVE FROM LOCAL SERVICES TO REDUCE THE RISK OF INADVERTENT SELF-HARM?

HOW MUCH HELP DOES THE PERSON NEED FROM LOCAL SERVICES TO REDUCE THE RISK OF INADVERTENT SELF-HARM?

0 = NONE

1 = LOW HELP

e.g. Check on behaviour weekly or less, risk assessment completed.

2 = MODERATE HELP

e.g. Daily Supervision, specific plan to prevent harm

3 = HIGH HELP

e.g. Constant supervision e.g. residential care because of risk for inadvertent self-harm.

9 = NOT KNOWN

DOES THE PERSON RECEIVE THE RIGHT TYPE OF HELP TO REDUCE RISK OF INADVERTENT SELF-HARM?

(0 = NO

1 = YES

9 = NOT KNOWN

OVERALL, IS THE PERSON SATISFIED WITH THE AMOUNT OF HELP THEY ARE RECEIVING TO REDUCE RISK OF HARM?

(0 = NOT SATISFIED

1 = SATISFIED

9 = NOT KNOWN)

COMMENTS

18. ABUSE/ NEGLECT**ASSESSMENTS**

user carer staff rater

IS THE PERSON AT RISK FROM OTHERS?

Has anyone done anything to frighten or harm you, or taken advantage of you?

0 = NO NEED

e.g. No abuse/ neglect issues over past month.

1 = MET NEED

e.g. Needs and gets ongoing support or protection. Safety plan in place. Use of caller screening.

2 = UNMET NEED

e.g. Regular shouting, pushing or neglect, financial misappropriation, physical assault. Vulnerable to exploitation. Safeguarding alert required

9 = NOT KNOWN

IF RATED 0 OR 9 GO TO QUESTION 19

HOW MUCH HELP DOES THE PERSON RECEIVE FROM RELATIVES OR FRIENDS TO REDUCE RISK OF ABUSE?

0 = NONE

1 = LOW HELP

e.g. Occasional advice.

2 = MODERATE HELP

e.g. Regular support and protection.

3 = HIGH HELP

e.g. Constant support: very regular protection: negotiation.

9 = NOT KNOWN

HOW MUCH HELP DOES THE PERSON RECEIVE FROM LOCAL SERVICES TO REDUCE THE RISK OF ABUSE?

HOW MUCH HELP DOES THE PERSON NEED FROM LOCAL SERVICES TO REDUCE THE RISK OF ABUSE?

0 = NONE

1 = LOW HELP

e.g. Someone to contact when feeling threatened.

2 = MODERATE HELP

e.g. Regular support: occasional respite.

3 = HIGH HELP

e.g. Constant supervision: legal involvement via services: separation from abuser. Safeguarding plan in place

9 = NOT KNOWN

DOES THE PERSON RECEIVE THE RIGHT TYPE OF HELP TO REDUCE RISK OF ABUSE? (0 = NO 1 = YES 9 = NOT KNOWN)

OVERALL, IS THE PERSON SATISFIED WITH THE AMOUNT OF HELP THEY ARE RECEIVING TO REDUCE RISK OF ABUSE?

(0 = NOT SATISFIED 1 = SATISFIED 9 = NOT KNOWN)

COMMENTS

19. BEHAVIOUR**ASSESSMENTS**

user carer staff rater

IS THE PERSON'S BEHAVIOUR DANGEROUS, THREATENING,
INTERFERING OR ANNOYING TO OTHERS?

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Do you come into conflict with others e.g. by interfering with their affairs, frequently annoying, threatening or disturbing them? What happens?

0 = NO NEED

e.g. No history of disturbance to others.

1 = MET NEED

e.g. Under supervision / treatment because of potential risk.

2 = UNMET NEED

e.g. Recent violence, threats or seriously interfering behaviour. High levels of agitation

9 = NOT KNOWN

IF RATED 0 OR 9 GO TO QUESTION 20

HOW MUCH HELP DOES THE PERSON RECEIVE FROM
RELATIVES OR FRIENDS TO REDUCE ANNOYING OR
DISTURBING BEHAVIOUR?

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0 = NONE

1 = LOW HELP

e.g. Help/ supervision weekly or less.

2 = MODERATE HELP

e.g. Help/ supervision more often than weekly.

3 = HIGH HELP

e.g. Almost constant help/ supervision due to persistently disturbing behaviour.

9 = NOT KNOWN

HOW MUCH HELP DOES THE PERSON RECEIVE FROM LOCAL
SERVICES TO REDUCE ANNOYING OR DISTURBING
BEHAVIOUR?

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HOW MUCH HELP DOES THE PERSON NEED FROM LOCAL
SERVICES TO REDUCE ANNOYING OR DISTURBING
BEHAVIOUR?

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0 = NONE

1 = LOW HELP

e.g. Check on behaviour weekly or less.

2 = MODERATE HELP

e.g. Daily supervision or night-sitting service, active care plan in place.

3 = HIGH HELP

e.g. Constant supervision: intensive behaviour management programme.

9 = NOT KNOWN

DOES THE PERSON RECEIVE THE RIGHT TYPE OF HELP TO
REDUCE ANNOYING OR DISTURBING BEHAVIOUR?

(0 = NO

1 = YES

9 = NOT KNOWN)

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OVERALL, IS THE PERSON SATISFIED WITH THE AMOUNT OF
HELP THEY ARE RECEIVING TO REDUCE DISTURBING
BEHAVIOUR? (0 = NOT SATISFIED 1 = SATISFIED 9 = NOT KNOWN)

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COMMENTS

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20. ALCOHOL

ASSESSMENTS

user carer staff rater

DOES THE PERSON DRINK EXCESSIVELY OR HAVE A PROBLEM CONTROLLING THEIR DRINKING?

Do you drink alcohol? How much? Does drinking cause you any problems?

Do you ever feel guilty about it? Do you ever wish you could cut down your drinking?

0 = NO NEED

e.g. Doesn't drink or drinks sensibly.

1 = MET NEED

e.g. At risk from alcohol abuse and receiving assistance.

2 = UNMET NEED

e.g. Current drinking harmful or uncontrollable, not receiving appropriate assistance.

9 = NOT KNOWN

IF RATED 0 OR 9 GO TO QUESTION 21

HOW MUCH HELP DOES THE PERSON RECEIVE FROM RELATIVES OR FRIENDS FOR THEIR DRINKING?

0 = NONE

1 = LOW HELP

e.g. Advised to cut down.

2 = MODERATE HELP

e.g. Advised about helping agencies, e.g. Alcoholics Anonymous.

3 = HIGH HELP

e.g. Constant support and/ or monitoring of alcohol intake.

9 = NOT KNOWN

HOW MUCH HELP DOES THE PERSON RECEIVE FROM LOCAL SERVICES FOR THEIR DRINKING?

HOW MUCH HELP DOES THE PERSON NEED FROM LOCAL SERVICES FOR THEIR DRINKING?

0 = NONE

1 = LOW HELP

e.g. Given information and told about risks.

2 = MODERATE HELP

e.g. Given support and details of helping agencies, access to drink is supervised.

3 = HIGH HELP

e.g. Attends alcohol clinic, supervised withdrawal programme.

9 = NOT KNOWN

DOES THE PERSON RECEIVE THE RIGHT TYPE OF HELP FOR THEIR DRINKING? (0 = NO 1 = YES 9 = NOT KNOWN)

OVERALL, IS THE PERSON SATISFIED WITH THE AMOUNT OF HELP THEY ARE RECEIVING FOR THEIR DRINKING?

(0 = NOT SATISFIED 1 = SATISFIED 9 = NOT KNOWN)

COMMENTS

21. COMPANY**ASSESSMENTS**

user carer staff rater

DOES THE PERSON NEED HELP WITH SOCIAL CONTACT?

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*Are you happy with your social life? Do you wish you had more social contact with others?***0 = NO NEED**

e.g. Able to organise enough social contact, has enough contact with friends. Use of social media.

1 = MET NEED

e.g. Lack of company identified as a problem. Has specific intervention for company needs e.g., lonely at night but attends drop-in or day centre or Lunch Club. Social work involvement.

2 = UNMET NEED

e.g. Frequently feels lonely and isolated. Very few social contacts.

9 = NOT KNOWN

IF RATED 0 OR 9 GO TO QUESTION 22

HOW MUCH HELP DOES THE PERSON RECEIVE FROM RELATIVES OR FRIENDS WITH SOCIAL CONTACT?

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0 = NONE**1 = LOW HELP**

e.g. Friends help with social contact or visit less than weekly to provide company. Family or friends contact person on social media.

2 = MODERATE HELP

e.g. Friends help with social contact weekly or more often. Member of online internet groups.

3 = HIGH HELP

e.g. Friends help with social contact at least four times a week. Regular or daily contact on social media

9 = NOT KNOWN

HOW MUCH HELP DOES THE PERSON RECEIVE FROM LOCAL SERVICES IN ORGANISING SOCIAL CONTACT?

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HOW MUCH HELP DOES THE PERSON NEED FROM LOCAL SERVICES IN ORGANISING SOCIAL CONTACT?

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0 = NONE**1 = LOW HELP**

e.g. Occasional visits from befriender or voluntary worker. Referral to centre.

2 = MODERATE HELP

e.g. Regular attendance at day centre: regular luncheon club, organised social activity.

3 = HIGH HELP

e.g. Day centre or social home visits 3 or more times a week, social skills training, social worker involvement.

9 = NOT KNOWN

DOES THE PERSON RECEIVE THE RIGHT TYPE OF HELP WITH SOCIAL CONTACT? (0 = NO 1 = YES 9 = NOT KNOWN)

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OVERALL, IS THE PERSON SATISFIED WITH THE AMOUNT OF HELP THEY ARE RECEIVING WITH THEIR SOCIAL CONTACT?

(0 = NOT SATISFIED 1 = SATISFIED 9 = NOT KNOWN)

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COMMENTS

22. INTIMATE RELATIONSHIPS**ASSESSMENTS**

user carer staff rater

DOES THE PERSON HAVE A PARTNER, RELATIVE OR FRIEND WITH WHOM THEY HAVE A CLOSE EMOTIONAL/ PHYSICAL RELATIONSHIP?

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Do you have a partner, relative or friend you feel close to? Do you get on well?

Can you talk about your worries or problems? Do you lack physical contact/ intimacy?

0 = NO NEED

e.g. Happy with current relationships or does not want any intimate relationship.

1 = MET NEED

e.g. Has problems concerning intimate relationships, specific plan, counselling/ advice/ support which is helpful. Internet dating/online friendships

2 = UNMET NEED

e.g. Socially isolated lonely. Lack of close confidant or trusting relationship.

9 = NOT KNOWN

IF RATED 0 OR 9 GO TO QUESTION 23

HOW MUCH HELP DOES THE PERSON RECEIVE FROM RELATIVES OR FRIENDS WITH INTIMATE RELATIONSHIPS OR LONELINESS?

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0 = NONE

1 = LOW HELP

e.g. Occasional emotional support.

2 = MODERATE HELP

e.g. Regular support.

3 = HIGH HELP

e.g. Help contacting counselling services (e.g. bereavement/ marriage counselling) and possibly accompanying the person there.

9 = NOT KNOWN

HOW MUCH HELP DOES THE PERSON RECEIVE FROM LOCAL SERVICES WITH INTIMATE RELATIONSHIPS OR LONELINESS?

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HOW MUCH HELP DOES THE PERSON NEED FROM LOCAL SERVICES WITH INTIMATE RELATIONSHIPS OR LONELINESS?

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0 = NONE

1 = LOW HELP

e.g. Some support/ advice

2 = MODERATE HELP

e.g. Regular support/ advice /contact.

3 = HIGH HELP

e.g. Intensive support. Specific therapy, e.g. marital or bereavement counselling.

9 = NOT KNOWN

DOES THE PERSON RECEIVE THE RIGHT TYPE OF HELP WITH RELATIONSHIPS? (0 = NO 1 = YES 9 = NOT KNOWN)

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OVERALL, IS THE PERSON SATISFIED WITH THE AMOUNT OF HELP THEY ARE RECEIVING WITH RELATIONSHIPS?

(0 = NOT SATISFIED 1 = SATISFIED 9 = NOT KNOWN)

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COMMENTS

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23. MONEY / BUDGETING**ASSESSMENTS**

user carer staff rater

DOES THE PERSON HAVE PROBLEMS MANAGING OR BUDGETING THEIR MONEY?

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*Do you have any difficulty managing your money? Are you able to pay your bills?***0 = NO NEED**

e.g. Able to buy essential items and pay bills independently. Use of online banking and utility accounts. Use of credit card

1 = MET NEED

e.g. Benefits from help with managing affairs or budgeting. Shared access to online bank and utility accounts.

2 = UNMET NEED

e.g. Often has no money for essential items or bills. Unable to manage finances. Lasting power of attorney needed. Needs debt repayment plan.

9 = NOT KNOWN

IF RATED 0 OR 9 GO TO QUESTION 24

HOW MUCH HELP DOES THE PERSON RECEIVE FROM RELATIVES OR FRIENDS IN MANAGING THEIR MONEY?

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0 = NONE**1 = LOW HELP**

e.g. Occasional help sorting out household bills. Shared access to online bank and utility accounts.

2 = MODERATE HELP

e.g. Frequent assistance, calculating weekly budget, collecting pension. Shared credit card

3 = HIGH HELP

e.g. Complete management of finances. Power of Attorney.

9 = NOT KNOWN

HOW MUCH HELP DOES THE PERSON RECEIVE FROM LOCAL SERVICES IN MANAGING THEIR MONEY?

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HOW MUCH HELP DOES THE PERSON NEED FROM LOCAL SERVICES IN MANAGING THEIR MONEY?

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0 = NONE**1 = LOW HELP**

e.g. Occasional help with budgeting

2 = MODERATE HELP

e.g. Supervised in paying rent, given weekly spending money

3 = HIGH HELP

e.g. Virtual or complete management of finances: Court of protection: Lasting Power of Attorney

9 = NOT KNOWN

DOES THE PERSON RECEIVE THE RIGHT TYPE OF HELP IN MANAGING THEIR MONEY? (0 = NO 1 = YES 9 = NOT KNOWN)

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OVERALL, IS THE PERSON SATISFIED WITH THE AMOUNT OF HELP THEY ARE RECEIVING IN MANAGING THEIR MONEY?

(0 = NOT SATISFIED 1 = SATISFIED 9 = NOT KNOWN)

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COMMENTS

24. BENEFITS**ASSESSMENTS**

user carer staff rater

IS THE PERSON DEFINITELY RECEIVING ALL THE BENEFITS
THAT THEY ARE ENTITLED TO?

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Are you sure that you are getting all the money that you are entitled to?

- 0 = NO NEED e.g. Has no need of benefits or receiving full entitlement of benefits.
- 1 = MET NEED e.g. Receives appropriate help in claiming benefits, social worker involvement over past month.
- 2 = UNMET NEED e.g. Not sure/ not receiving full entitlement of benefits. Needs welfare benefit check.
Emergency payment needed
- 9 = NOT KNOWN

IF RATED 0 OR 9 GO TO CARER'S SECTION OVERLEAF

HOW MUCH HELP DOES THE PERSON RECEIVE FROM
RELATIVES OR FRIENDS IN OBTAINING THEIR FULL BENEFIT
ENTITLEMENT?

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- 0 = NONE
- 1 = LOW HELP e.g. Occasionally asks whether person is getting any money.
- 2 = MODERATE HELP e.g. Make enquiries about entitlements and help fill in forms.
- 3 = HIGH HELP e.g. Has ensured full benefits are being received.
- 9 = NOT KNOWN

HOW MUCH HELP DOES THE PERSON RECEIVE FROM LOCAL
SERVICES IN OBTAINING THEIR FULL BENEFIT ENTITLEMENT?

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HOW MUCH HELP DOES THE PERSON NEED FROM LOCAL
SERVICES IN OBTAINING THEIR FULL BENEFIT ENTITLEMENT?

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- 0 = NONE
- 1 = LOW HELP e.g. Occasional advice about entitlements.
- 2 = MODERATE HELP e.g. Help with applying for extra entitlements.
- 3 = HIGH HELP e.g. Comprehensive evaluation of current entitlement in past month.
Emergency payment needed.
- 9 = NOT KNOWN

DOES THE PERSON RECEIVE THE RIGHT TYPE OF HELP IN
OBTAINING THEIR FULL BENEFIT ENTITLEMENT?

(0 = NO 1 = YES 9 = NOT KNOWN)

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OVERALL, IS THE PERSON SATISFIED WITH THE AMOUNT OF
HELP THEY ARE RECEIVING IN OBTAINING THEIR FULL BENEFIT
ENTITLEMENT? (0 = NOT SATISFIED 1 = SATISFIED 9 = NOT KNOWN)

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COMMENTS

A. CARERS NEED FOR INFORMATION**ASSESSMENTS**

user carer staff rater

HAS THE CARER BEEN GIVEN CLEAR INFORMATION ABOUT THE PERSONS CONDITION AND ALL THE TREATMENT AVAILABLE?

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*Have you been given clear information about X's condition and all the treatment and services available?
How helpful has this information been?*

- 0 = NO NEED e.g. Received and understood. Aware of online resources.
- 1 = MET NEED e.g. Has not received or understood all information, receives help with information.
- 2 = UNMET NEED e.g. Has received little or no information, has not understood information given.
Signposting to information needed. Needs referral to carer education group.
- 9 = NOT KNOWN

IF RATED 0 OR 9 GO TO QUESTION B

HOW MUCH HELP DOES THE CARER RECEIVE FROM RELATIVES OR FRIENDS IN OBTAINING SUCH INFORMATION?

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- 0 = NONE
- 1 = LOW HELP e.g. Has had some advice.
- 2 = MODERATE HELP e.g. Given leaflets/ fact sheets or put in touch with self-help groups.
- 3 = HIGH HELP e.g. Regular liaison with doctors, other professionals, self help or support groups by friends or relatives.
- 9 = NOT KNOWN

HOW MUCH HELP DOES THE CARER RECEIVE FROM LOCAL SERVICES IN OBTAINING SUCH INFORMATION?

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HOW MUCH HELP DOES THE CARER NEED FROM LOCAL SERVICES IN OBTAINING SUCH INFORMATION?

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- 0 = NONE
- 1 = LOW HELP e.g. Brief verbal or written information on condition/ problem/ treatment.
- 2 = MODERATE HELP e.g. Given details of self-help groups. Personal explanations of drugs, alternative treatments/ services and likely course of the condition. Signposting to online information resources and helplines
- 3 = HIGH HELP e.g. Has been given detailed written information or has had specific personal education: e.g. from key worker.
- 9 = NOT KNOWN

DOES THE CARER RECEIVE THE RIGHT TYPE OF HELP IN OBTAINING SUCH INFORMATION? (0 = NO 1 = YES 9 = NOT KNOWN)

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OVERALL, IS THE CARER SATISFIED WITH THE AMOUNT OF HELP THEY ARE RECEIVING IN OBTAINING SUCH INFORMATION? (0 = NOT SATISFIED 1 = SATISFIED 9 = NOT KNOWN)

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COMMENTS

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B. CARERS PSYCHOLOGICAL DISTRESS**ASSESSMENTS**

user carer staff rater

IS THE CARER CURRENTLY PSYCHOLOGICALLY DISTRESSED?

Do you find it difficult or stressful caring for X? Do you feel you need a break or much more support for yourself?

0 = NO NEED

e.g. Coping well.

1 = MET NEED

e.g. Some stress: receiving help/ contact/ support that is beneficial.

2 = UNMET NEED

e.g. Very stressed or depressed. Wants relief from caring. Family needs specialist nurse or carers worker involvement.

9 = NOT KNOWN

IF RATED 0 OR 9 FINISH

HOW MUCH HELP DOES THE CARER RECEIVE FROM RELATIVES OR FRIENDS FOR THIS DISTRESS?

0 = NONE

1 = LOW HELP

e.g. Occasional advice/ support.

2 = MODERATE HELP

e.g. Weekly practical and/ or emotional support and/ or relief from caring.

3 = HIGH HELP

e.g. Regular respite and assistance with tasks (e.g. 3-4 times per week).

9 = NOT KNOWN

HOW MUCH HELP DOES THE CARER RECEIVE FROM LOCAL SERVICES FOR THIS DISTRESS?

HOW MUCH HELP DOES THE CARER NEED FROM LOCAL SERVICES FOR THIS DISTRESS?

0 = NONE

1 = LOW HELP

e.g. Advice e.g. about other options such as residential care.

2 = MODERATE HELP

e.g. Weekly day care: occasional respite: CPN visits: carers support groups. Dementia Advisor

3 = HIGH HELP

e.g. Regular respite admissions. Treatment and/ or counselling for stress/depression. Specialist nurse or carer worker involved

9 = NOT KNOWN

DOES THE CARER RECEIVE THE RIGHT TYPE OF HELP FOR THIS DISTRESS? (0 = NO 1 = YES 9 = NOT KNOWN)

OVERALL, IS THE CARER SATISFIED WITH THE AMOUNT OF HELP THEY ARE RECEIVING FOR THIS DISTRESS?

(0 = NOT SATISFIED 1 = SATISFIED 9 = NOT KNOWN)

COMMENTS

CANE Summary Sheet

User Name: _____ Date: _____

(Section 2-4b rater's overall ratings)

Section of the CANE	Section 1 Need				Section 2 Informal help	Section 3a Formal help	Section 3b Help needed	Section 4a Type of help	4b User Satisfaction
	U	C	S	R					
1. Accommodation									
2. Looking after the home									
3. Food									
4. Self Care									
5. Caring for someone else									
6. Daytime activities									
7. Memory									
8. Eyesight / Hearing									
9. Mobility / Falls									
10. Continence									
11. Physical Health									
12. Drugs									
13. Psychotic symptoms									
14. Psychological distress									
15. Information									
16. Safety to self									
17. Inadvertent self harm									
18. Abuse / Neglect									
19. Behaviour									
20. Alcohol									
21. Company									
22. Intimate relationships									
23. Money/Budgeting									
24. Benefits									
<i>A. Carers need for information</i>									
<i>B. Carers psychological distress</i>									
Met needs: Number of 1s in the column									
Unmet Needs: Number of 2s in the column									
Total Needs: Add number of Met needs and Unmet needs									
Total level of help given, needed, and satisfaction. (Add scores, rate 9 as 0)									

**CAMBERWELL
ASSESSMENT OF NEED
FOR THE ELDERLY

(SHORT CANE)

Version I**

CODE	
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Interviewee	Date	Interview Time
User		
Staff		
Carer		
Rater/Clinician		

Background Details

(please fill in blanks, or circle whichever applies)

CODE NUMBER: _____

Date of Birth: _____ AGE: _____(years)

SEX: male / female

ETHNICITY: Asian/ African/ African-American/ Black Caribbean / White/ Other _____

RELIGION: Christian/Muslim/Hindu/Jewish/Other _____

FIRST LANGUAGE : English/Other _____

MARITAL STATUS: single / married / divorced / separated / widowed

LIVING SITUATION: alone / with partner / with other relatives / with others

LIVING ENVIRONMENT: flat / house / sheltered / residential / nursing / other

PREVIOUS OCCUPATION (or partner's): _____

EDUCATION: _____(years)

CURRENT STATUS: in-patient / day-patient / community patient (Psychiatric / Geriatric/other)

MAIN DIAGNOSES (DSM-IV/ICD 10): _____

CURRENT MEDICATION: _____

DISEASE PREVENTION: (e.g. blood pressure/smoking/sleep pattern/exercise/health screening/vaccination)

DOES THE PERSON HAVE A CARER? yes / no

IS THE PERSON A CARER? yes / no

NOTES:

Instructions for the Short CANE

The Short CANE is a comprehensive, person-centred needs assessment tool that has been designed for use with the elderly. It is suitable for use in a variety of clinical and research settings. The CANE has a person-centred approach which allows views of the professional, user and carer to be recorded and compared. The instrument uses the principle that identifying a need means identifying a problem plus an appropriate intervention which will help or alleviate the need. Therefore, the CANE models clinical practice and relies on professional expertise for ratings to be completed accurately.

Administrators need to have an adequate knowledge of clinical interviewing and decision-making. Administrators should also have good working knowledge of the concepts of need, met need and unmet need. This knowledge can be gained with experience of full CANE assessments and reference to the manual.

There are 24 topics relating to the user and two (A and B) relating to the carer. There are four columns to document ratings so that one or more of the user (U), staff member (S), carer (C) or rater (clinician/researcher) (R) can each express their view. Note at the top of the column which person has been interviewed.

The Short CANE aims to assess whether there is currently a need in the specific area. A *need* is defined as a problem with a potential remedy or intervention. Use the prompts below each area on the record form to establish the user's current status with regards to the need area. If there has been a need, then assess whether it was met appropriately. Score each interviewee independently, even though the user's perceptions of need in each area may differ from others. The administrator should ask additional questions probing into the area until he or she can establish whether the person has a significant need that requires assistance and whether he or she is getting enough of the right type of help. Once this information has been gathered, a rating of need can be made. Judgement of rating in this section should be based on normal clinical practice. The CANE is intended to be a framework for assessment grounded in good professional practice and expertise. Although Section 1 in each problem area is the main section of interest to CANE administrators, it often cannot be rated until adequate information has been collected about the area. When adequate information has been

gathered, the rater should clearly be able to make a clinical judgement as to whether the area is a met need, an unmet need or is not a need for the person. Confusion with ratings can be avoided by not directly asking a closed question about whether there is a problem in a certain area (e.g., 'Do you have any problems with the food here?') because the person can answer 'No'. This response may then be mistaken as a 'No need' where in fact it is a 'Met need' because the person is assisted by someone else.

- ♦ *No need:* Score 0 there if there is no need in the area; then go on to the next page. In this situation, the user is coping well independently and does not need any further assistance, for example, the user has reported that they are successfully administering their own medication and do not have any problematic side effects, or a staff member reports that the user appeared to be comfortable in his or her home environment and that no alterations to the building are needed or planned.
- ♦ *Met need:* Score 1 if the need is met or if there is a minor need requiring no significant intervention. A need is met when there is a mild, moderate or serious problem which is receiving an intervention that is appropriate and potentially of benefit. This category is also used for problems which would normally not be of clinical significance and would not require a specific intervention, for example, the user is receiving an assessment for poor eyesight or a district nurse is overseeing the administration of medications each day.
- ♦ *Unmet need:* Score 2 if the need is currently unmet. An unmet need is a serious problem requiring intervention or assessment, which is currently receiving no assistance or the *wrong* type or level of help, for example, if a staff member reported that the user was incontinent of large amounts of urine every night despite toileting twice during the night and the use of pads, or a carer reported that the user had become very hard of hearing and had not received an assessment or suitable hearing aids.
- ♦ *Unknown:* Score 9 if the person does not know about the nature of the problems or about the assistance the person receives; then go on to the next page. Such a score may mean that further information is needed to make a rating

Scoring

It is to be noted that scoring is a secondary aspect of the CANE, as its primary purpose is to identify and assess individual unmet needs. The total CANE score is based on the rating of Section 1 of each of the 24 problem areas. The two areas (A and B) relating to carer's needs are not added into this total score. Count the total number of met needs (rated as a 1 in

Section 1) out of a maximum of 24. Count the total number of unmet needs identified (rated as a 2 in Section 1) out of a maximum of 24. Count the total number of needs identified (rated as a 1 or 2 in Section 1) out of a maximum of 24. The raters' (clinicians or researchers) ratings are made based on all the information gathered through the assessment. Raters' ratings of Section 1 are used as the basis for total CANE scores.

Short CANE

User Name: _____ Date: _____

Ratings: 0 = no need 1 = met need 2 = unmet need 9 = unknown

Interviewee: U = User C = Carer S = Staff R = researcher	U	C	S	R
1. ACCOMMODATION Does the person have an appropriate place to live?				
2. LOOKING AFTER THE HOME Is the person able to look after their home?				
3. FOOD Does the person get enough of the right type of food to eat?				
4. SELF CARE How does the person look after their self-care?				
5. CARING FOR SOMEONE ELSE Does the person care for another? Can they manage this caring?				
6. DAYTIME ACTIVITIES How does the person occupy their day?				
7. MEMORY Does the person have a problem with memory?				
8. EYESIGHT / HEARING How is the person's eyesight and hearing?				
9. MOBILITY / FALLS How does the person get around inside and outside their home?				
10. CONTINENCE Is the person continent?				
11. PHYSICAL HEALTH How is the person's physical health?				
12. DRUGS Does the person have problems with medication or drugs?				
13. PSYCHOTIC SYMPTOMS Does the person ever hear or see things other do not?				
14. PSYCHOLOGICAL DISTRESS Does the person have problems with mood or anxiety?				
15. INFORMATION (ON CONDITION & TREATMENT) Has the person had clear information about their condition?				
16. SAFETY TO SELF (DELIBERATE SELF-HARM) Is the person a danger to themselves?				
17. SAFETY TO SELF (INADVERTENT SELF-HARM) Does the person have accidents?				
18. SAFETY TO SELF (ABUSE/ NEGLECT) Is the person at risk from others?				
19. BEHAVIOUR Is the person's behaviour problematic for others?				
20. ALCOHOL Does the person have a drinking problem?				
21. COMPANY Does the person have an adequate social life?				
22. INTIMATE RELATIONSHIPS Does the person have a close emotional/physical relationship?				
23. MONEY/ BUDGETING How does the person manage their money?				
24. BENEFITS Is the person receiving the benefits he/she is entitled too?				
A. CARERS NEED FOR INFORMATION Has the carer been given all the information they need about the person's condition and treatment?				
B. CARERS PSYCHOLOGICAL DISTRESS Is the carer currently psychologically distressed?				
Met Needs: Count the number of 1s in the column (1 to 24 only).				
Unmet Needs: Count the number of 2s in the column (1 to 24 only)				
Total Needs: Add number of Met needs and Unmet needs (1 to 24 only)				