

This assessment questionnaire is designed to help us learn about your circumstances and the outcomes which are important to you. This will enable the assessor to signpost you to information and advice which may help you to achieve your outcomes, identify whether you are eligible for any support to help you now or to prevent or reduce your need for assistance in the future.

Name			
Address			
Telephone		Gender	
Date of Birth		Age	
Worker name		Team Name	
Start date			

1. Person details

1.1.1: Social care assessor – is there any reason why the person may have substantial difficulty participating in this assessment? If so, identify who can assist with the assessment?

1.1.2: How would you like us to contact you?			
Telephone	Yes/No	Can we leave a message	Yes/No
Email	Yes/No	Email address	
Letter	Yes/No		

1.1.3: Please provide the name and contact details of anyone else who may need to be involved in the assessment and/or with whom you would like us to consult:-				
	Contact 1	Contact 2	Contact 3	Contact 4
Name				
Relationship				
Contact details				



1.1.4: Are you answering the questions on behalf of someone else?	
Your name	

Has the person given their consent to answering the question of their behalf		Yes / No
If not are you/do you have : -	Lasting Power of Attorney to deal with their personal welfare	Yes / No
	Deputy for them, appointed by the Court of Protection	Yes / No
	I consider/have been advised that they cannot manage their affairs due to difficulties in making decisions	Yes / No
	Other (please state):	

If the person has substantial difficulty with the assessment and there is no one else appropriate to assist them an Independent Advocate may be required.

1.1.5: To be used by your social care assessor for their views and comments in relation to the applicability of the Mental Capacity Act 2005 and need for an Independent Advocate.

1.1.6: Ethnicity			
Any other Asian background		Chinese	
Any other Black background		Declined to state	
Any other Mixed background		Gypsy/Roma	
Any other White background		Mixed -White & Asian	
Any other Ethnic background		Mixed -White & Black African	
Asian or Asian Bangladeshi		Mixed -White & Black Caribbean	
Asian or Asian Indian		Traveller of Irish Heritage	
Asian or Asian Pakistani		White – British	
Black or Black British - African		White – Irish	
Black or Black British - Caribbean		Yemeni	
Black or Black British - Somali			

1.1.7: Sexual orientation			
Bisexual		Declined to state	
Gay man		Could not obtain	
Heterosexual / straight		Other (please state):	
Lesbian / gay woman			

1.1.8: For people with a learning disability only			
Please select accommodation status			
Acute/Long Stay Healthcare Residential Facility		Registered Nursing Home	
Adult Placement Scheme		Rough Sleeper/Squatting	
Approved Premises for Offenders		Settled mainstream with family or friends	
Family/Friends - short term guest		Sheltered Housing/Extra Care/Other Sheltered	
Mobile accommodation for Gypsy/Roma/Traveller		Supported accommodation, lodgings, group home	
Other Temporary Accommodation		Temporary Accommodation by local authority	
Owner/Occupier		Temporary Shelter/Hostel self-referral	
Prison/Young Offenders Institution/ Detention Centre		Tenant - Local Authority/ALO/Housing Association	
Refuge		Tenant - Private Landlord	
Registered Care Home			

SEEING, HEARING and COMMUNICATING

This section is about contact with the world around you. It's about speaking, hearing, seeing, reading and gaining information about different situations. How do you normally communicate?

1.1.9: Please tell us about communication and what, if anything, you need help with:

1.1.10: Please tick <u>any</u> communication aids you use							
Hearing aid (single)		British Sign Language		Large print		Possum technology	
Hearing aid (both ears)		Makaton		Braille		Lip reading	
Digital hearing aid (single)		Deaf/ blind language		Audio recorded information		Voice output communication aid	
Digital hearing aid (both ears)		Communication book/folder		Symbols, pictures or letters		Computer software	

1.1.11: If you use a language other than English to communicate, please tell us which language(s) you use

1.1.12: Please tell us about the nature of your physical or mental health impairment or illness. This information is necessary to determine whether you may be eligible for any support.

1.1.13: Please tell us what informal and formal services/support you currently receive
 For example, do you have family or friends who assist you and are they willing or able to continue doing so? Do you have support at home or at a centre you attend? Do you have transport provided? Do you live in sheltered or supported accommodation?

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2. Areas of need

YOUR PHYSICAL, EMOTIONAL AND MENTAL HEALTH NEEDS

This question considers whether you have health needs which may benefit from review or rehabilitation which could improve your outcomes and promote your wellbeing and whether you are potentially eligible for health resources.

2.1.1: Please tick (required)		
A	I do not need any support in this area (go to the next area of need – 2.1.7.)	
B	I have a mental or physical health condition that has some impact on my life	
C	I have a mental or physical health condition that has a major impact on my life and there are concerns about how this affects me or others	
D	I have a health condition and need some help and advice on how to get appropriate treatment	
E	I have a serious health condition which I am receiving treatment for	

2.1.2: Select any reported health conditions:			
Physical - Chronic Obstructive Pulmonary Disease		Sensory Impairment - Visually impaired	
Physical - Cancer		Sensory Impairment - Hearing impaired	
Physical - Acquired Physical Injury		Sensory Impairment – Other	
Physical - HIV / AIDS		L.D. - Learning Disability	
Physical - Other		L.D. - Autism (excluding Asperger’s Syndrome / High Functioning Autism)	
Neurological – Stroke		L.D. - Asperger’s Syndrome/ High Functioning Autism	
Neurological - Parkinson’s		L.D. - Other	
Neurological - Motor Neurone Disease		Mental Health - Dementia	
Neurological - Acquired Brain Injury		Mental Health - Other	
Neurological - Other		No Relevant Long–Term Reported Health Conditions	

2.1.3: My views about the support I need, how my needs are currently met and what I want to achieve, including the views of others who are close to me

2.1.4: To be used by your social care assessor for their views (taking into account the views of other professionals).

Please provide your professional judgement as to the need, impact and consequence of this need (if any) on the person's wellbeing.

2.1.5: Please state any reported health conditions and provide an overview of the person's health and wellbeing, including whether there is active healthcare treatment and whether review or alternative treatment or reablement have been considered.

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2.1.6: Please provide

The date the CHC checklist was completed	
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The date the CHC checklist was submitted to the CCG	
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MAINTAINING PERSONAL HYGIENE AND MANAGING TOILET NEEDS/BEING APPROPRIATELY CLOTHED

This domain covers 3 Care Act outcomes

This part is about whether you are able to wash, be appropriately clothed, and manage your toilet needs.

2.1.7: Please tick (required)

A	I do not need any support in this area (go to the next area of need – 2.1.15.)	
B	I need occasional support/encouragement with my personal care (for example, no more than once or twice a week or verbal prompting)	
C	I need some support/encouragement with my personal care (for example, once a day or supervision or checking)	
D	I often need support/encouragement with my personal care (for example, twice a day or more or a lot of support)	
E	I frequently need support/encouragement with my personal care (for example, more than twice a day or a lot of support)	

If you have answered B to D above, remember to answer the 'Eligibility' question.

2.1.8: If you need support with personal care, how many people do you need?			
I need the support of one person		I need the support of two people	

2.1.9: If you need support, when do you need this support?			
During the day only		Occasionally at night time	Frequently at night time

2.1.10: To what extent will this support be given by family or friends?			
None		Some	Most
			All

2.1.11: Please describe any personal care issues you have and which of these are most important to you and what you would like to achieve.

2.1.12: Social care assessor – please provide your professional judgement as to the need, impact and consequence of this need (if any) on the person’s wellbeing.

You need to clearly detail whether you consider that the service user is unable (rather than having difficulty) to achieve their outcomes in these domains. Please refer to 4.2 (Unable to achieve outcomes) in the National Eligibility Practice Guidelines. Record what other options have been considered e.g. refer to GP for medication review of CRS for a continence referral.)

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2.1.13: Is the person unable to achieve this outcome without support and if so is there likely to be a significant impact on their wellbeing?	Yes / No
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MANAGING AND MAINTAINING NUTRITION

This part is about the support/encouragement or assistance you need to help with eating, drinking or preparing meals.

2.1.15: Please tick (required)		
A	I do not need any support in this area (go to the next area of need – 2.1.21.)	
B	I need occasional support to eat/drink or prepare my meals (for example, very little or no more than once a week or verbal prompting)	
C	I often need some support to eat/drink or prepare my meals (for example, a few times a week or some practical assistance)	
D	I always need support to eat/drink or prepare my meals (for example, several times a day or a lot of support)	

If you have answered B to D above, remember to answer the 'Eligibility' question.

2.1.16: To what extent will this support be given by family or friends?							
None		Some		Most		All	

<p>2.1.17: My views about my current issues in relation to eating and drinking. What I can do, where I have difficulties and what I want to achieve. Please provide details of any informal care or community resources currently being used.</p>

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2.1.18: To be used by the social care assessor to record their professional judgement taking into account the views of the person and other relevant persons and professionals.

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2.1.19: Is the person unable to achieve this outcome without support and if so is there likely to be a significant impact on their wellbeing?	Yes / No
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MAKING DECISIONS AND ORGANISING THINGS

This part is about who decides important things in your life. Things like how you spend your time, where to go, what to eat, who supports you, how your money is spent.

2.1.21: Please tick (required)		
A	I do not need any support in this area (go to the next area of need – 2.1.28.)	
B	I need occasional support to make decisions and organise my life (for example, very little or no more than 4 or 5 times a week)	
C	I often need some support to make decisions and organise my life (for example, every day or a lot of support)	
D	I need other people to make decisions and organise my life on my behalf.	

If you have answered B to D above, remember to answer the 'Eligibility' question.

2.1.22: To what extent will this support be given by family or friends?							
None		Some		Most		All	

2.1.23: My views about the support I need, how my needs are currently met and what I want to achieve, including the views of others who are close to me

2.1.24: To be used by your social care assessor for their views, taking into account the views of other professionals.

2.1.25: Has a Mental Capacity Assessment been completed and, if so, please state the date, outcome and review date of the assessment.

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2.1.26: Is the person unable to achieve this outcome without support and if so is there likely to be a significant impact on their wellbeing?

Yes / No

MAINTAINING A HABITABLE HOME AND ENVIRONMENT

This part is about whether your home is sufficiently clean and maintained to be safe and has essential amenities.

2.1.28: Please tick (required)

A	I do not need any support in this area (go to the next area of need – 2.1.35.)	
B	I need occasional support to run and maintain my home (for example, very little or no more than once a week or verbal prompting)	
C	I often need some support to run and maintain my home (for example, up to once or twice a week or supervision or checking)	
D	I frequently need support to run and maintain my home (for example, more than twice each week or a lot of support)	
E	I need support in all aspects of running and maintaining my home (for example, daily)	

If you have answered B to E above, remember to answer the 'Eligibility' question

2.1.29: To what extent will this support be given by family or friends?

None		Some		Most		All	
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2.1.30: My views about current issues I have using my home safely and how these impact on things I want to achieve and what is important to me. Detail of what informal help I have in or around my home.

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2.1.31: To be used by the social care assessor to consider and record measures which can be taken to assist the person (taking into account the views of other professionals) to reduce the impact of these issues. Social care assessor to record whether, if the person is unable to achieve this outcome without support, it is their professional judgement that unless this need is met there will be a significant impact on the person's wellbeing.

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2.1.32: If the person is under 65 and in receipt of Housing Benefit or Income Tax Support, please state whether a referral will be made to Supporting People and provide details.

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2.1.33: Is the person unable to achieve this outcome without support and if so is there likely to be a significant impact on their wellbeing?

Yes / No

MAKING USE OF COMMUNITY FACILITIES AND SERVICES

This section is about the person's ability to get around in the community safely and their ability to use facilities such as public transport, shops or recreational facilities when considering the impact on their wellbeing. This does not include the provision of patient transport (NHS responsibility) but may include the need for support in attending health care appointments.

2.1.35: Please tick (required)		
A	I do not need any support in this area (go to the next area of need – 3.1.1.)	
B	I need occasional support to be part of my community (for example, very little or no more than once a week)	
C	I often need some support to be part of my community (for example, up to once a week)	
D	I frequently need support to be part of my community (for example, several times a week or a lot of support)	
E	I want to be part of my community and regularly need a lot of support to do this (for example, daily or several times each day)	

If you have answered B to E above, remember to answer the 'Eligibility' question

2.1.36: To what extent will this support be given by family or friends?							
None		Some		Most		All	

2.1.37: Details of how I access community facilities or services and any barriers to achieving what is important to me

2.1.38: To be used by the social care assessor to record their professional judgement taking into account the views of the person and other relevant persons and professionals.

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2.1.39: Is the person unable to achieve this outcome without support and if so is there likely to be a significant impact on their wellbeing?	Yes / No
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4. Areas of need (continued)

MAKING USE OF THE HOME SAFELY

This indicates moving around inside and the immediate environment around the home.

3.1.1: Please tick (required)		
A	I do not need any support in this area (go to the next area of need – 3.1.7.)	
B	I need some support to move around my home safely	
C	I need some support to move around my community safely	
D	I need some help or support to move around my home and community safely	

If you have answered B to D above, remember to answer the 'Eligibility' question

3.1.2: To what extent will this support be given by family or friends?							
None		Some		Most		All	

3.1.3: My views about the support I need, how my needs are currently met and what I want to achieve, including the views of others who are close to me

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3.1.4: To be used by your social care assessor for their views (taking into account the views of other professionals).

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3.1.5: Is the person unable to achieve this outcome without support and if so is there likely to be a significant impact on their wellbeing?	Yes / No
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ACCESSING AND ENGAGING IN WORK, TRAINING, EDUCATION OR VOLUNTEERING

This part is about working and learning. The work may include voluntary work or paid work that you choose to do. This part is also about learning opportunities at a local college or community centre or anywhere else you choose to attend.

3.1.7: Please tick (required)		
A	I do not need any support in this area (go to the next area of need – 3.1.15.)	
B	I need occasional support to work or learn or both (for example, very little or no more than once a week or verbal prompting)	
C	I often need support to work or learn or both (for example, several times each week or supervision or checking)	
D	I would like to work or learn or both and regularly need support to do this (for example, daily or several times a day or lots of support)	

If you have answered B to D above, remember to answer the 'Eligibility' question

3.1.8: To what extent will this support be given by family or friends?						
None		Some		Most		All

3.1.9: Details of what you want to achieve, the barriers to achieving this and this impact this has on you.

3.1.10: To be used by the social care assessor for their professional judgement taking into account the views of the person and other relevant people and professionals.

3.1.11: Please state whether a referral will be made to Jobcentre Plus, a Disability Employment Advisor, Work Choice or Access to Work.

3.1.12: FOR LEARNING DISABILITIES ONLY. Please select Employment Status as appropriate.			
1. Not in employment		5. Paid work 0-3 hours	
2. Paid work 30+ hours		6. Paid work less than weekly	
3. Paid work 16-29 hours		7. Unpaid voluntary work	
4. Paid work 4-15 hours			

3.1.13: Is the person unable to achieve this outcome without support and if so is there likely to be a significant impact on their wellbeing?	Yes / No
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KEEPING FREE FROM HARM

This includes harm that may be done to you by others as well as harm you may cause to yourself.

3.1.15: Please tick (required)		
A	I do not need any support in this area (go to the next area of need – 3.1.22.)	
B	I need occasional support to keep myself safe (for example, very little or no more than once a week or verbal prompting)	
C	I often need support to keep myself safe (for example, 4 or 5 times a week or supervision or checking)	
D	I always need support to keep myself safe (for example, every day or a lot of support)	

If you have answered B to D above, remember to answer the 'Eligibility' question

3.1.16: If you need support to keep free from harm, when do you need this support?			
During the day only		Occasionally at night time	Frequently at night time

3.1.17: To what extent will this support be given by family or friends?			
None	Some	Most	All

3.1.18: My views about the support I need, how my needs are currently met and what I want to achieve, including the views of others who are close to me

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3.1.19: To be used by your social care assessor for their views (taking into account the views of other professionals).

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3.1.20: Is the person unable to achieve this outcome without support and if so is there likely to be a significant impact on their wellbeing?	Yes / No
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DEVELOPING AND MAINTAINING FAMILY AND PERSONAL AND OTHER RELATIONSHIPS

This part is about assistance you may need to help promote positive relationships with others, including helping you to address barriers to those relationships which result from your health impairment.

3.1.22: Please tick (required)		
A	I do not need any support in this area (go to the next area of need – 3.1.28.)	
B	I need occasional support to help me manage my actions (for example, very little or no more than once a week or verbal prompting)	
C	I often need support to help me manage my actions (for example, several times each week)	
D	I always need support to help me manage my actions (for example, a lot of support)	

If you have answered B to D above, remember to answer the 'Eligibility' question.

3.1.23: To what extent will this support be given by family or friends?						
None		Some		Most		All

3.1.24: Describe the relationships which are important to you, others you may wish to promote and what, if any, barriers there are to developing or maintaining these due to your impairment.

3.1.25: To be used by the social care assessor to record their professional judgement taking into account the view of the person and other relevant people and professionals.

3.1.26: Is the person unable to achieve this outcome without support and if so is there likely to be a significant impact on their wellbeing?

Yes / No

CARING FOR A DEPENDENT CHILD

This part is about assistance you need to care for a dependent child.

3.1.28: Please tick (required)		
A	I am not a carer or a parent of dependent children (go to the next area of need – 3.1.35.)	
B	I am able to fulfil my caring role/parenting of dependent children without support	
C	I need occasional support with my caring role/parenting of dependent children (for example, at least once a day or supervision or verbal prompting)	
D	I need some support with my caring role/parenting of dependent children (for example, at least once a day or supervision or checking)	
E	I often need support with my caring role/parenting of dependent children (for example, at least twice a day or a lot of support)	
F	I frequently need support with my caring role/parenting of dependent children (for example, several times a day or a lot of support)	

If you have answered B to F above, remember to answer the 'Eligibility' question.

3.1.29: To what extent will this support be given by family or friends?					
None		Some		Most	All

3.1.30: If you have a dependent child who is under 18 years, are Adult Social Care and Children and Young People's Services working together to identify your needs?	Yes / No
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3.1.31: Describe the issues arising from your impairment which impact on your ability to care for your children, how those needs are currently met and what you want to achieve to optimise your ability to care for your children.

3.1.32: To be used by the social care assessor to record their professional judgement taking into account the view of the person and other relevant people and professionals.

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3.1.33: Is the person unable to achieve this outcome without support and if so is there likely to be a significant impact on their wellbeing?

Yes / No

EQUIPMENT AND ADAPTATIONS AND ASSISTIVE TECHNOLOGY

This part is about meeting your outcomes and minimising the impact on your wellbeing. There may be adaptations or equipment or assistive technology that you need to do that safely.

3.1.35: Please tick (required)

A	I do not need any help/aids/equipment, assistance or adaptations (go to the next area of need – 3.1.39.)	
B	I do need some help/aids/equipment, assistance or adaptations to be as independent as possible	

3.1.36: My views about the support I need, how my needs are currently met and what I want to achieve, including the views of others who are close to me.

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3.1.37: To be used by your social care assessor for their views (taking into account the views of other professionals).

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3.1.38: If the answer to that statement above was 'B', a referral for Equipment and Adaptations should be considered. State whether a referral for Equipment and Adaptations will be made.

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INFORMAL SUPPORT

This part is about the support you get from family members, friends, neighbours and community groups you may be part of.

3.1.39: I have family members, friends or members of my community who provide unpaid (informal) support. (Required)	Yes / No
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3.1.40: Please tick (required)		
A	My family, friends and community can provide all the support I need	
B	I am able to get much of the support I need from family, friends or community and have or need occasional paid support	
C	I am able to get only some of the support I need from family, friends or community and have or need significant paid support	
D	I get little support I need from family, friends or my community	

3.1.41: The social care assessor to complete with details of informal support and whether or not there is any risk that this may not be sustainable.

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4. Main unpaid carer

4.1.1: Name and contact details of main unpaid carer.	
Name of carer	
Relationship to person cared for	
Address	
Telephone	
Email address	

4.1.2: Please tell us how providing informal support impacts on your daily life, and the support you would like to continue your caring role		
A	It has no impact on my daily life and I do not want any support	
B	It has some impact on my daily life and I would like a little support to continue in my caring role	
C	It has a significant impact on my daily life and I would like some support to continue in my caring role	
D	It has a critical impact on my daily life and I would like a lot more support to continue in my caring role	

4.1.3: My wishes/views/feelings as a carer, my needs, concerns and what may help		

4.1.4: Carers assessment		
Select		
I would like to have a full Carers Assessment		
I have already had a Carers Assessment		Date of assessment
I do not wish to have a Carers Assessment at this time		

4.1.5: Please indicate if you consent to this information being shared with the person you care for as part of their overall assessment		
I would prefer not to share this information with the person I care for		
I am happy to share this information with the person I care for		

5. Conclusion

To be used by your social care assessor

5.1.1: Is the person eligible?	Yes / No
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5.1.2: Assessment conclusion

Record below which outcomes (at least 2) that the person is unable to achieve and where therefore there is/is likely to be a significant impact on wellbeing. Confirm that the person's needs arise from or are related to a physical or mental impairment or illness.

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5.1.5: Date:

5.1.6: What is happening next (Required)	
A	Support Plan: Select this option where you are ready to record the Support Plan on CareFirst. It will trigger the Support Plan.
B	Support Planning in progress: Select this option where time is needed to develop the Support Plan. It will trigger a Support Planning in Progress form.
C	Closure: Will indicate the case is to be closed.

6. Consent and information sharing

Sheffield City Council will treat the information you have provided in confidence and in accordance with the Data Protection Act 1998. It will only be used to help us assess your needs and write a Care and Support plan. It may be shared with other professionals and agencies that may be involved with you for the same or similar purposes. If you are not able to consent to this or to the gathering of any information needed in the questionnaire your worker may need to follow the Mental Capacity Act 2005 to consider how we can work in your best interests.

6.1.1: Verbal consent to share information given?	Yes/ No/ Not answered
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6.1.2: I agree to my information in this assessment questionnaire being shared, as appropriate, with others involved in my support	
Signature	
6.1.3: Date	

OR

6.1.4: I am not able to make a decision regarding information about me being shared. Therefore the person named below will act on my behalf.	
Name	
Signature	
6.1.5: Date	

7. Office use only

For office use only

7.1.1: Select the appropriate assessment type: (Required)	
First assessment (AQ)	

7.1.2: Select	
The person/their representatives have been made aware of their right to have a Direct Payment	Yes / No
Please indicate whether a Continuing Healthcare DST has been / will be completed:	Yes / No

Please indicate whether referrals will be made to any other agencies		Yes / No
Please state which:		
Please state whether other social care funding is being pursued (e.g. children's services, Supporting People, etc.)		Yes / No
Please state which:		
Is a carers assessment required?		Yes / No
Carers assessment – action taken:		

7.1.3: Have you discussed the options of deferred payment with the person?	Yes/ No / Not answered
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7.1.4: Primary support reason			
Access & Mobility Only		Support for Dual Impairment	
Asylum Seeker Support		Support for Hearing Impairment	
Learning Disability Support		Support for Social Isolation/Other	
Mental Health Support		Support for Visual Impairment	
Personal Care Support		Support to Carer	
Substance Misuse Support		Support with Memory and Cognition	

7.1.5: Which manager validated this assessment? N.B. It is important to check that all appropriate eligibility questions have been answered