

# Self-directed assessment questionnaire

## EXAMPLE PAGES

**Leeds CITY COUNCIL** self-directed assessment questionnaire

NHS Number:   
Ref or other identifier:

### About your assessment

Your assessment will provide a record of your social care needs and priorities. You can complete it yourself or a social care professional will help you. You may want a member of your family or a carer to be involved in completing your assessment.

At the start of the assessment you can record details about yourself and the reason for your assessment. During your assessment you will be asked about:

1. Seeing, hearing and communicating
2. Looking after yourself
3. Getting around
4. Managing your home and money
5. Your accommodation and income
6. Your safety
7. Staying healthy
8. Your mental health and wellbeing
9. Leisure, interests, hobbies and your community
10. Work and learning opportunities
11. Caring and parenting
12. Other information which you think is important.

As you complete your assessment you can record the issues identified, how important they are to you, whether you think action is needed and what you hope will change as a result. Social care professionals may ask you further questions to identify the need for action or referrals.

The information recorded during the assessment will be used by you and the professionals involved in your care to agree a plan to improve your health, independence and wellbeing and to calculate an indicative budget to spend on your support. This will include details of services to be provided, referrals and actions that you or your carers have agreed to take.

You are entitled to keep a copy of your assessment information, and you will be asked to give your consent for your assessment information to be shared with others involved in your care.

Add the person's NHS number and any other reference here, for example, ESCR.

These are the topics, or 'domains', that you will be asking the person about during their assessment.

This is what the new form will look like. It may change slightly between now and SDS rollout as we tweak it to make sure it's the best it can be, but the main topics and wording will be the same. Your training will cover the assessment form in detail, and an up-to-date version of the form will be available on the intranet (just follow the link to self-directed support from the social care homepage).

## Self-directed assessment questionnaire/continued

### Biography

Please tell us about yourself. It can be helpful to record things like your life story, your occupation, your interests ...

*My name is Muriel, I'm 72. I have lived in Horsforth my whole life. I have a daughter, Jean, who lives in London and visits me every two or three months, and a son, Ed, who lives in Hunslett. I worked as a bank clerk for many years but am now retired. I attend Primrose Gardens Day Centre once a week and I like to get out to the park or to the library when Ed is free to drive me. I had a stroke last year and since then I haven't been as active, but it's important to me to try and get out and about, and keep up my interests when I can. Transport to and from places is my biggest problem because the bus stop is a long way from my house up a steep road. A friend told me she is doing a basic computer course and I would very much like to do something like this — but getting there might be a problem.*

In your own words, describe why you think this assessment is taking place. Answering the following questions may be helpful. What are your current needs and concerns? How long have you experienced them? What solution do you have in mind? What do you hope will change as a result of this assessment?

*This assessment is because I find I need a bit of extra support getting out and about these days, because of my stroke last year and I am less able to walk and have some difficulty speaking. I get scared sometimes being on my own in the house in case I should fall. I would like a bit of help with these things so that I can feel more independent and safe and able to take care of myself. I'd like to see my daughter more, and to be less dependent on my son - he's very busy and I am starting to feel like a burden, having to ask him for lifts all the time.*

Name of Assessor:

Frank Jones

Signature of Assessor:

*FR Jones*

Date:

10th April 2010

The form can be filled in by hand or (preferably) electronically, on your computer. The service user themselves might prefer to fill it in, or to have a relative or carer to do it. Or you could agree to fill it in on their behalf.

This is where the person tells their story – what do they do? What are their interests? What are their current needs and concerns? What is it they would like support for, or what do they wish they could do, that they don't feel able to at the moment?

## Self-directed assessment questionnaire/continued

6. Your safety

6.1 Do you feel safe inside your home?  
Yes  No

6.2 Do you feel safe outside your home?  
Yes  No

6.3 Do you ever feel threatened or harassed by anyone?  
Yes  No

6.4 Do you ever feel discriminated against for any reason (e.g. your age, sex, race, religion)?  
Yes  No

6.5 Is there anyone who would be able to help you in case of illness or an emergency?  
Yes  No

6.6 Do you do things that put yourself at risk (e.g. leaving the cooker on, leaving doors unlocked, or wandering)?  
Never  Sometimes  Yes, often   
*If YES please specify: Left gas ring on two or three times in last 2 months and have left back door unlatched several times.*

6.7 Do you do things that put other people at risk (e.g. getting angry or abusive)?  
Never  Sometimes  Yes, often   
*If 'sometimes' or 'yes, often' please specify: |*

Signature of assessor:  Date:  Customer reference:

This is one of the 'domains', or aspects of the person's life, which you will ask them about. Take your time – make sure they understand each question and think about it carefully before answering.

Sign and date each page of the form and include the customer reference number. This is important if you are using a hard (printed) copy.

## Self-directed assessment questionnaire/continued

The Comments section prompts the service user to go into more detail about any issues identified in the previous questions, and talk about the impact these are having on their life.

Your safety, continued

### COMMENTS

#### What issues have been identified?

*I sometimes feel unsafe when I am alone in the house — I think this is left over from the stroke, when I fell and could not get to the phone. Just the thought of being incapacitated with no help. I also feel that my memory is not as good as it used to be. I have been known to leave the gas ring on or forget to lock the back door.*

#### How important are they to you?

*I was an able person for many years so it's very depressing to feel vulnerable in my own home, to feel that I am likely to do something absent-minded and put myself in danger. I worry constantly that my children will want to put me into sheltered housing or a home, for my own safety, and I'm not ready for that.*

#### Do you need to take any action?

*I would like to look into the possibility of some kind of personal alarm and/or minor adaptations to help me feel safer at home.*

#### What do you hope will change as a result?

*With an alarm and some minor adaptations I will feel more confident - knowing that something will alert me if I leave a gas ring on. I will also know that I can contact someone easily if I feel afraid or have a fall.*

Signature of assessor:

FRJones

Date:

10th April 2010

Customer reference:

110001100

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Self-directed assessment  
questionnaire/continued

Some questions ask for further, specific information so that you can get a clearer picture of how much support the person needs in this area. Just choose the option which most closely reflects the person's level of need ...

If you have answered "Sometimes" or "Yes, often" to question 6.6 and/or 6.7 please state your level of need in this area

Safety during the day		Safety during the night	
a) I am able to keep safe without support	<input type="checkbox"/>	a) I do not have any risks during the night and do not pose a risk to other people's safety	<input checked="" type="checkbox"/>
b) There are risks to me at home, but these could be managed if I used special equipment or technology or if my home was adapted to meet my needs	<input checked="" type="checkbox"/>	b) There are risks to me during the night but these could be managed if I used special equipment or technology or if my home was adapted to meet my needs	<input type="checkbox"/>
c) I can be alone at home, but I need someone to check on me <b>weekly</b> and I would need support quickly if something went wrong	<input type="checkbox"/>	c) To keep myself or others safe during the night I need someone to be available (e.g. someone sleeping at home) who can help or someone I can call on to help	<input type="checkbox"/>
d) There are some risks to my safety and I need <b>daily</b> reminders, encouragement or support to manage these risks	<input type="checkbox"/>	d) To keep myself or others safe during the night I need someone available <b>all the time</b>	<input type="checkbox"/>
e) To keep myself or others safe during the day I sometimes need one-to-one support, so someone has to be available if needed to respond	<input type="checkbox"/>	e) To keep myself or others safe during the night I need 2 people to be available <b>all the time</b>	<input type="checkbox"/>
f) To keep myself or others safe during the day I cannot be left on my own and need one-to-one support	<input type="checkbox"/>		
g) To keep myself or others safe during the day I cannot be left on my own and sometimes need 1 person to be there and a second person available if needed to respond	<input type="checkbox"/>		
h) To keep myself or others safe during the day I cannot be left on my own and need 2 people to be with me at all times	<input type="checkbox"/>		

## Self-directed assessment questionnaire/continued

Carer's comments
<b>You can record your views here about the issues that have been identified.</b>
Is there anything else about the person you care for that you think is important to mention?
Mum's confidence took a real knock after the stroke, and she finds it difficult to get around. She hates feeling dependent and often she tries to do things herself which she really shouldn't, like reaching heavy things down from high shelves. She is far more forgetful than she used to be, and can't use her hands as easily. I found out that she does not eat proper hot meals since leaving the gas ring on a few times.
As a result of your role as a carer are there any issues <i>for you</i> , which you would like to be addressed?
I would like to go back to full-time work but am worried about Mum getting the support she needs. She will deny it, but she really needs someone around, that she can call on, to help her get out and about. I worry about her a lot and this does have an impact on my life.
Do we need to take any action?
I think she should have someone come in part of every day who can help her to get out and about in the afternoons and help her prepare a hot, nutritious meal. I also think she is right to ask for a personal alarm, gas alarm and some minor bathroom adaptations to help her bathe. Even then, I think she might struggle to shower or have a bath without help.
What do you hope will change as a result?
I would feel a lot safer knowing there was someone else available to help her. I would be able to work full-time and she would be able to feel less guilty about ringing me when she needs help, or needs to go out. We would be able to spend quality time together and she would feel more independent - and safer.
Signature of assessor: <input type="text" value="FRJones"/> Date: <input type="text" value="10th April 2010"/> Customer reference: <input type="text" value="110001100"/>

If you identify carer's needs you should still offer to carry out a carer's assessment if one hasn't been done recently.

In this question, the carer should think about whether there are any issues or problems for *them* – for example, have they been required to give up a lot more time to caring recently? Have there been any major changes in terms of how much caring time the service user needs? What could help with this?

If the person doing the assessment has a carer, this is the space for their comments. Sometimes a carer might see things differently, or more objectively – or they might be able to draw your attention to something important which the service user has overlooked, or does not think worth mentioning.

## Self-directed assessment questionnaire/continued

DOMAIN:	Communication	Looking after yourself	Managing your home and money	Safety		Mental health and wellbeing	Leisure, hobbies and community	Work and learning	Caring and parenting
				during the day	during the night				
1. How much of the help you need is currently provided by your family and friends?	None <input type="checkbox"/>	None <input type="checkbox"/>	None <input type="checkbox"/>	None <input type="checkbox"/>	None <input checked="" type="checkbox"/>	None <input type="checkbox"/>	None <input type="checkbox"/>	None <input type="checkbox"/>	None <input type="checkbox"/>
	Up to 1/4 <input type="checkbox"/>	Up to 1/4 <input checked="" type="checkbox"/>	Up to 1/4 <input type="checkbox"/>	Up to 1/4 <input type="checkbox"/>	Up to 1/4 <input type="checkbox"/>	Up to 1/4 <input checked="" type="checkbox"/>	Up to 1/4 <input checked="" type="checkbox"/>	Up to 1/4 <input checked="" type="checkbox"/>	Up to 1/4 <input type="checkbox"/>
	Up to 1/2 <input checked="" type="checkbox"/>	Up to 1/2 <input type="checkbox"/>	Up to 1/2 <input checked="" type="checkbox"/>	Up to 1/2 <input checked="" type="checkbox"/>	Up to 1/2 <input type="checkbox"/>	Up to 1/2 <input type="checkbox"/>	Up to 1/2 <input type="checkbox"/>	Up to 1/2 <input type="checkbox"/>	Up to 1/2 <input type="checkbox"/>
	Up to 3/4 <input type="checkbox"/>	Up to 3/4 <input type="checkbox"/>	Up to 3/4 <input type="checkbox"/>	Up to 3/4 <input type="checkbox"/>	Up to 3/4 <input type="checkbox"/>	Up to 3/4 <input type="checkbox"/>	Up to 3/4 <input type="checkbox"/>	Up to 3/4 <input type="checkbox"/>	Up to 3/4 <input type="checkbox"/>
	All <input type="checkbox"/>	All <input type="checkbox"/>	All <input type="checkbox"/>	All <input type="checkbox"/>	All <input type="checkbox"/>	All <input type="checkbox"/>	All <input type="checkbox"/>	All <input type="checkbox"/>	All <input type="checkbox"/>
2. If some of this help is provided by your family and friends ...									
a) My family and friends are happy to keep giving me this much help	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) My family and friends are happy to keep giving me this much help but would like <b>some</b> extra support	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c) My family and friends are happy to keep giving me this much help but would like <b>much more</b> support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signature of assessor: <input type="text" value="FRJones"/> Date: <input type="text" value="10th April 2010"/> Customer reference: <input type="text" value="110001100"/>									

For each domain, go back to the relevant section of the form and check how much help the person has said that they need.

*How much* of that help is *already* being given by family or friends in this area of the person's life?

For example, if someone's son or daughter helps them sort out bills, utilities and other things around the home *whenever* this needs to be done, then choose 'All' for 'Managing your home and money'. But if they just visit, say, once a month to help with some of these things, then it is more likely to be '1/4'.

Discuss section 2 with the person's family and friends too, to get a more balanced picture.

This section is where you look back at most of the domains and see how much help the person gets from their family and friends. Then, it asks whether the person's family and friends are happy to keep doing this, or whether they would prefer some more support.

## Self-directed assessment questionnaire/continued

Help from family and friends (continued)	Communication	Looking after yourself	Managing your home and money	Safety		Mental health and wellbeing	Leisure, hobbies and community	Work and Learning	Caring and parenting
				during the day	during the night				
<b>d)</b> My family and friends do not wish to keep giving me help – or they will be unable to provide help in the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>3. If some help is provided by your family and friends, how do you feel about this?</b>									
<b>a)</b> I'm happy with the help my family and friends give me	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b)</b> I would prefer to be less dependent on my family and friends	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>c)</b> I would prefer to be independent of help from my family and friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Even if help and support is provided by a person's family and friends, this does not always mean that the person feels happy about this. It can also change the kind of relationship they have with family members or friends, if, for example, the person begins to feel dependent on them, or feels as though they are being a nuisance.

Encourage the person to talk about how they feel about the help they receive already, and whether this has affected their relationship with their family or friends.

## Self-directed assessment questionnaire/continued

### Summary of assessment

**Record a summary of the assessment and the priorities that have been identified under *Issues, Importance, Actions and Desired Outcomes*.** Start with the issues that are most important to the person being assessed.

Muriel would like to get out and about more, independently, and to be less reliant on her son. She would like to attend a computer course and get to her day centre independently. She is open to the idea of some minor adaptations and telecare to help her feel more safe at home. Bathroom adaptations would allow her to feel more confident about bathing and showering. A personal safety alarm would also help her feel more secure.

She would like some help in the daytime to prepare a hot meal. She has also mentioned that she would like some speech therapy as she has had difficulty expressing herself since her stroke in 2009.

**Add any further information that is relevant to planning future care** (such as details from further assessment information from *Supporting Instruments*).

Muriel is very open to new ideas and ways to increase her independence.

Name of Assessor:

Frank Jones

Signature of Assessor:

*FRJones*

Date:

10th April 2010

This is a summary of all the main points of the assessment. Look back over the priorities that have been identified in each domain and highlight them in order of importance to the person.

Agreed actions and referrals

**What are the agreed actions and referrals?** (Agreed outcomes linked to summary details should include the name of the person who has agreed to take action.)

Community support daily between 12 and 2 to help prepare meal, assist with bathing and assistance to go to shops - FRJ  
Referral for assessment by occupational therapist with focus on telecare and adaptations (re cooking and washing) - FRJ  
Referral to Care Ring (pendant alarm) - FRJ  
Suggest short-term assistance with bathing until informed of impact of bathing adaptations - FRJ  
Request to have reablement support when service is available - FRJ  
Find out if computer course is available locally and/or look into college transport share scheme - Ed Peterson (son)

**Do you agree with the above assessment summary and plan of actions and referrals?**

No  Yes  Verbal consent

Signature: *MPeterson* Date: *10 April 2010*

**Arrangement of review of the above assessment outcomes**

Review date: *10th October 2010*

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For general enquiries relating to Adult Social Care contact Customer Services on 0113 222 4410 or Textphone 0113 222 4410  
If you would like this document in a different format, or would like help understanding it, let your assessor know or call one of the above numbers.

Signature of assessor: *FRJones* Date: *10th April 2010* Customer ID: *37*

This is where you say what actions are going to take place to meet the person's agreed outcomes (as outlined in the Summary of Assessment) - and the name of the person who will be taking this action.

The person who is having the assessment should sign here, assuming they are happy with the actions that have been agreed.

In theory, as you have been working through the assessment together, they should be happy to sign it off. But if they are not happy, ask them to tell you which parts of the assessment they don't agree with, and look at them again, together.

Add the date on which the assessment outcomes will be reviewed.