

# NEEDS ASSESSMENT WORKSHEET

Date of Assessment: .....

This worksheet will help you and other family members determine what types of assistance your loved one needs.

## Activities of Daily Living (ADLs)

ACTIVITIES	ACCOMPLISHES ALONE	NEEDS SOME HELP	NEEDS MUCH HELP	NOTES
Bathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Grooming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Toileting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Eating a nutritious diet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Getting out of bed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Getting out of chair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## Instrumental Activities of Daily Living (IADLs)

ACTIVITIES	ACCOMPLISHES ALONE	NEEDS SOME HELP	NEEDS MUCH HELP	NOTES
Using the telephone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Shopping for personal items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Managing money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Doing laundry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Doing light housework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Preparing meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## Conditions/Functional Status

How do limitations/difficulties with the following affect the person's ability to function?

ACTIVITIES	NO EFFECT	SOME EFFECT	MAJOR EFFECT	NOTES
Hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Perception	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Memory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Decision-Making/Judgement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Physical Dexterity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Balance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

ACTIVITIES	NO EFFECT	SOME EFFECT	MAJOR EFFECT	NOTES
Strength	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bladder or bowel control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Physical deformity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## Environmental Safety

Which barriers can be removed or changed?

LIMITATION	NO PROBLEM	NEEDS TO BE CHANGED
<b>Neighborhood:</b>		
Safety	<input type="checkbox"/>	<input type="checkbox"/>
Convenience	<input type="checkbox"/>	<input type="checkbox"/>
Friends or relatives nearby	<input type="checkbox"/>	<input type="checkbox"/>
<b>Living Quarters:</b>		
Condition	<input type="checkbox"/>	<input type="checkbox"/>
Age of dwelling	<input type="checkbox"/>	<input type="checkbox"/>
Roof in good repair	<input type="checkbox"/>	<input type="checkbox"/>
Windows in good repair	<input type="checkbox"/>	<input type="checkbox"/>
Siding in good condition	<input type="checkbox"/>	<input type="checkbox"/>
Looks cared for	<input type="checkbox"/>	<input type="checkbox"/>
Security and safety	<input type="checkbox"/>	<input type="checkbox"/>
Dead bolt locks on outside doors	<input type="checkbox"/>	<input type="checkbox"/>
Peephole in front door	<input type="checkbox"/>	<input type="checkbox"/>
Window bars or locks	<input type="checkbox"/>	<input type="checkbox"/>
Visible from road (no large trees or bushes block view)	<input type="checkbox"/>	<input type="checkbox"/>
Smoke alarms installed, tested	<input type="checkbox"/>	<input type="checkbox"/>
Fire extinguisher, not expired	<input type="checkbox"/>	<input type="checkbox"/>
Passageways clear of wires and clutter	<input type="checkbox"/>	<input type="checkbox"/>
<b>Stairs:</b>		
Free of obstacles and clutter	<input type="checkbox"/>	<input type="checkbox"/>
Well-lit	<input type="checkbox"/>	<input type="checkbox"/>
Handrails on both sides	<input type="checkbox"/>	<input type="checkbox"/>
In good repair and nonskid	<input type="checkbox"/>	<input type="checkbox"/>
Clearly marked	<input type="checkbox"/>	<input type="checkbox"/>

LIMITATION	NO PROBLEM	NEEDS TO BE CHANGED
<b>Floors:</b>		
Nonskid level surfaces	<input type="checkbox"/>	<input type="checkbox"/>
Nonglare surfaces	<input type="checkbox"/>	<input type="checkbox"/>
No loose rugs	<input type="checkbox"/>	<input type="checkbox"/>
<b>Furnishings:</b>		
Couch and chair easy to use	<input type="checkbox"/>	<input type="checkbox"/>
Tables the right height	<input type="checkbox"/>	<input type="checkbox"/>
Bed easy to get in and out of	<input type="checkbox"/>	<input type="checkbox"/>
<b>Lighting:</b>		
Light switches easy to reach	<input type="checkbox"/>	<input type="checkbox"/>
Entries and walkways well-lit	<input type="checkbox"/>	<input type="checkbox"/>
Reading areas well-lit	<input type="checkbox"/>	<input type="checkbox"/>
Light diffused from windows and surfaces (no glare)	<input type="checkbox"/>	<input type="checkbox"/>
Passageways have night lights	<input type="checkbox"/>	<input type="checkbox"/>
<b>Kitchen:</b>		
Lever handles on sink	<input type="checkbox"/>	<input type="checkbox"/>
Clean rubber mat by the sink	<input type="checkbox"/>	<input type="checkbox"/>
Items used often are accessible	<input type="checkbox"/>	<input type="checkbox"/>
Storage is easy to get to	<input type="checkbox"/>	<input type="checkbox"/>
No objects are over the stove	<input type="checkbox"/>	<input type="checkbox"/>
Well-lit	<input type="checkbox"/>	<input type="checkbox"/>
<b>Bathroom:</b>		
Grab bars attached to studs, by the toilet and tub or shower	<input type="checkbox"/>	<input type="checkbox"/>
Nonskid strips in the tub or shower	<input type="checkbox"/>	<input type="checkbox"/>
Hand-held shower head	<input type="checkbox"/>	<input type="checkbox"/>
Nonslip bath mat or rug	<input type="checkbox"/>	<input type="checkbox"/>

**Other Information:**

List your loved one's informal support networks, such as a neighbor who runs errands or a youth who shovels snow and chops wood

List social services your loved one uses, such as home-delivered meals or home services

List services or support your loved one says he or she needs or wants

List your needs as a caregiver

What obligation competes for your time and resources?

How can you maintain your physical, mental, social, and financial well-being?

List services or support you use as a caregiver need to help provide care