

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
Neighborhood:		
Safety	<input type="checkbox"/>	<input type="checkbox"/>
Convenience	<input type="checkbox"/>	<input type="checkbox"/>
Friends or relatives nearby	<input type="checkbox"/>	<input type="checkbox"/>
Living Quarters:		
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"/>
Stairs:		
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
Floors:		
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"/>
Furnishings:		
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"/>
Lighting:		
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"/>
Kitchen:		
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"/>
Bathroom:		
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