

Needs Assessment Worksheet

Compliments of Clement Manor

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

ACTIVITIES OF DAILY LIVING

ACTIVITY	ACCOMPLISHES ALONE	NEEDS SOME HELP	NEEDS MUCH HELP
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"/>
Bathroom use	<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

ACTIVITY	ACCOMPLISHES ALONE	NEEDS SOME HELP	NEEDS MUCH HELP
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"/>

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How do the following affect the person's ability to function?

CONDITIONS/FUNCTIONAL STATUS

Limitation	No effect	Some Effect	Major effect
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/Judgment	<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"/>
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"/>
Grief	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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What barriers can be removed or changed?

ENVIRONMENTAL SAFETY

Limitation

No problem

Needs to be changed

NEIGHBORHOOD:

Safety

Convenience

Friends or relatives nearby

LIVING QUARTERS:

Condition

Age of dwelling

Roof in good repair

Windows in good repair

Siding in good condition

Looks cared for

SECURITY AND SAFETY

Dead bolt locks on outside doors

Peephole in front door

Window bars or locks

Visible from road (no large trees or bushes block view)

Smoke alarms installed/tested

Passageways clear of wires and clutter

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What barriers can be removed or changed?

ENVIRONMENTAL SAFETY

Limitation **No problem** **Needs to be changed**

STAIRS:

- Free of obstacles and clutter
- Well-lit
- Handrails on both sides
- In good repair and nonskid
- Clearly marked

FLOORS:

- Nonskid level surfaces
- Nonglare surfaces
- No loose rugs

FURNISHINGS:

- Couch and chairs easy to use
- Tables the right height
- Bed easy to get in and out of

LIGHTING:

- Light switches easy to reach
- Entries and walkways well-lit
- Reading areas well-lit
- Light diffused from windows and surfaces (no glare)
- Passageways have night lights

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What barriers can be removed or changed?

ENVIRONMENTAL SAFETY

Limitation	No problem	Needs to be changed
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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"/> |

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OTHER INFORMATION

List the elder's informal support networks, such as a neighbor who runs errands or a youth who shovels snow and cuts the grass.

List social services the elder uses, such as home-delivered meals or home chore services.

List services or support the elder says he or she needs or wants.

List your needs as a caregiver:

- What obligations compete 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 to help provide care.
