About your assessment

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

About yourself (4 pages)
At the start of the assessment you can record details about yourself (background information):
- Personal information
- Biography
- Reason for assessment
- Medical history

Assessment of current needs and priorities (8 pages)
During your assessment you will be asked about:
- Seeing, hearing and communicating
- Looking after yourself
- Getting around
- Your safety
- Your accommodation and finance
- Staying healthy
- Your mental health and well-being
- Other information which you think is important
- Carers comments

After completing your assessment a summary will be recorded of the needs and problems which have been identified in order of their importance to you.

Summary scores (3 pages)
Responses to questions in EASY-Care Standard can be used to calculate an overall score for need for support in activities of daily living, the risk of breakdown in care leading to emergency admission to hospital, and the risk of falls.
### Personal Information

1. **Sex:** Male ☐ Female ☐
2. **Age:**
3. **Residence area:** Rural ☐ Urban ☐
4. **Current marital status:** Single ☐ Married/cohabiting ☐ Separated/divorced ☐ Widowed ☐
5. **Years of formal education:**
6. **In general how do your family finances work out at the end of the month?**
   - Not enough to make ends meet ☐
   - Just enough to make ends meet ☐
   - Some money left over ☐
7. **Usual living arrangements:** Alone ☐ Couple ☐
   - With extended family ☐ Care home ☐
8. **Professional status:**
   - Employed full-time ☐
   - Employed part time ☐
   - Unemployed ☐
   - Housewife ☐
   - Pensioner ☐
   - Retired ☐
   - Student ☐
9. **Are you a carer for someone?**
   - Yes ☐
   - No ☐
   - Details:
10. **Does someone provide care for you?**
    - Yes ☐
    - No ☐
    - Other ☐
    - Details:
Biography

You can record details about yourself, your life history, your occupation and your interests.

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Medical history

Summary of current medical conditions (continue over if necessary)

Current Medications (continue over if necessary)

<table>
<thead>
<tr>
<th>Medicine</th>
<th>Dose</th>
<th>Frequency</th>
<th>What is medicine for?</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Hospital in-patient admissions in the last three years (continue over if necessary)

<table>
<thead>
<tr>
<th>Dates</th>
<th>Reasons</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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<td></td>
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<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>NHS no:</td>
<td>Other identifier:</td>
</tr>
<tr>
<td>----------------</td>
<td>------------------</td>
</tr>
</tbody>
</table>

**Medical history (continuation sheet)**

<table>
<thead>
<tr>
<th>Medical history item</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
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NHS no: ________________________________ Other identifier: ________________________________
### 1. Seeing, hearing and communicating

1.1 **Can you see (with glasses if worn)?**
   - Yes □
   - With difficulty □
   - Cannot see at all □

1.2 **Can you hear (with hearing aid if worn)?**
   - Yes □
   - With difficulty □
   - Cannot hear at all □

1.3 **Do you have difficulty in making yourself understood because of problems with your speech?**
   - No difficulty □
   - Difficulty with some people □
   - Considerable difficulty with everybody □

1.4 **Can you use the telephone?**
   - Without help, including looking up numbers and dialling □
   - With some help □
   - Or are you unable to use the telephone? □

**Comments**

### 2. Looking after yourself

2.1 **Can you keep up your personal appearance?** *(e.g., brush hair, shave, put make-up on, etc)*
   - Without help □
   - Or do you need help with keeping up your personal appearance? □

2.2 **Can you dress yourself?**
   - Without help (including buttons, zips, laces, etc.) □
   - With some help (can do half unaided) □
   - Or are you unable to dress yourself? □

2.3 **Can you wash your hands and face?**
   - Without help □
   - Or do you need some help? □

2.4 **Can you use the bath or shower?**
   - Without help □
   - Or do you need some help with using the bath or shower? □

2.5 **Can you do your housework?**
   - Without help (clean floors etc.) □
   - With some help (can do light housework, but need help with heavy work) □
   - Or are you unable to do any housework? □
2. Looking after yourself (continued)

2.6 Can you prepare your own meals?
Without help (plan and cook full meals yourself) [ ]
With some help (can prepare some things but unable to cook full meals yourself) [ ]
Or are you unable to prepare meals? [ ]

2.7 Can you feed yourself?
Without help [ ] With some help (cutting food up, spreading butter etc.) [ ]
Or are you unable to feed yourself? [ ]

2.8 Do you have any problems with your mouth or teeth?
No [ ] Yes [ ] (if yes please specify below)

2.9 Can you take your own medicine?
Without help (in right doses and at the right time) [ ]
With some help (if someone prepares it for you and / or reminds you to take it) [ ]
Or are you unable to take your medicine? [ ]

2.10 Have you had any problems with your skin? (e.g., leg ulcers, pressure sores)
No [ ] Yes [ ] (If yes please specify below)

2.11 Do you have accidents with your bladder (incontinence of urine)?
No accidents [ ] Yes occasional accident (less than once a day) [ ]
Or do you have frequent accidents (once a day or more) or need help with urinary catheter? [ ]

2.12 Do you have accidents with your bowels (incontinence of faeces)?
No accidents [ ] Yes occasional accident (less than once a week) [ ]
Or do you have frequent accidents or need to be given an enema? [ ]

2.13 Can you use the toilet (or commode)?
Without help (can reach toilet / commode, undress sufficiently, clean self and leave) [ ]
With some help (can do some things, including wiping self) [ ]
Or are you unable to use the toilet / commode? [ ]

Comments:
3. Getting around

3.1 Can you move yourself from bed to chair, if they are next to each other?
   Without help ☐ With some help ☐
   Or are you unable to move from bed to chair? ☐

3.2 Do you have problems with your feet?
   No problems ☐ Some problems ☐ (please specify below)

3.3 Can you get around indoors?
   Without help (including carrying any walking aid) ☐ In a wheelchair without help ☐
   With some help ☐ Or are you confined to a bed? ☐

3.4 Can you manage stairs?
   Without help (including carrying any walking aid) ☐ With some help ☐
   Or are you unable to manage stairs? ☐

3.5 Have you had any falls in the last twelve months?
   None ☐ One ☐ Two or more ☐

3.6 Can you walk outside?
   Without help (including carrying any walking aid) ☐ With some help ☐
   Or are you unable to walk outside? ☐

3.7 Can you go shopping?
   Without help (taking care of all shopping needs yourself) ☐
   With some help (need someone to go with you on all shopping trips) ☐
   Or are you unable to do any shopping? ☐

3.8 Do you have any difficulty in getting to public services?
   (e.g., doctor, pharmacy, dentist etc)
   No difficulty ☐ With some help ☐ Unable to get to public services ☐

Comments:
4. Your safety

4.1 Do you feel safe inside your home? Yes ☐ No ☐
4.2 Do you feel safe outside your home? Yes ☐ No ☐
4.3 Do you ever feel threatened or harassed by anyone? Yes ☐ No ☐
4.4 Do you feel discriminated against for any reason? (e.g., your age, sex, race, religion, disability) Yes ☐ No ☐
4.5 Is there anyone who would be able to help you in case of illness or emergency? Yes ☐ No ☐

Comments:

5. Your accommodation and finance

5.1 In general, are you happy with your accommodation? Yes ☐ No ☐
5.2 Are you able to manage your money and financial affairs? Yes ☐ No ☐
5.3 Would you like advice about financial allowances or benefits? Yes ☐ No ☐

Comments:
6. Staying healthy

6.1 Do you take regular exercise? Yes ☐ No ☐
6.2 Do you get out of breath during normal activities? Yes ☐ No ☐
   If Yes: At rest ☐ At night ☐ On stairs ☐ On the flat ☐
6.3 Do you smoke any tobacco? (e.g., cigarettes, cigars, pipe) Yes ☐ No ☐
6.4 Do you think you drink too much alcohol? Yes ☐ No ☐
6.5 Has your blood pressure been checked recently? Yes ☐ No ☐
6.6 Do you have any concerns about your weight?
   Being overweight ☐ Weight loss ☐ No concerns ☐
6.7 Do you think you are up to date with your vaccinations?
   Yes ☐ No ☐

Comments:

7. Your mental health and well-being

7.1 Are you able to pursue leisure interests, hobbies, work and learning activities which are important to you? Yes ☐ No ☐
7.2 In general, would you say your health is:
   Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor ☐
7.3 Do you feel lonely? Never ☐ Sometimes ☐ Often ☐
7.4 Have you suffered from any recent loss or bereavement? Yes ☐ No ☐
7.5 Have you had any trouble sleeping in the past month? Yes ☐ No ☐
7.6 Have you had bodily pain in the past month? Yes ☐ No ☐
   If Yes: Very mild ☐ Mild ☐ Moderate ☐ Severe ☐
7.7 During the last month, have you often been bothered by feeling down, depressed or hopeless? Yes ☐ No ☐
7.8 During the last month, have you often been bothered by having little interest or pleasure in doing things? Yes ☐ No ☐
7.9 Do you have any concerns about memory loss or forgetfulness? Yes ☐ No ☐

Comments:
8. Additional information

What other issues are important to you in relation to your health and care?

9. Carer’s comments

Is there anything else about the person you care for that you think is important?

As a result of your role as a carer are there issues for you which you would like to be addressed?
Please record below a summary of identified needs in order of their importance to you.

<table>
<thead>
<tr>
<th>Needs</th>
<th>Priority for action (up to three)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Please record below any immediate actions and needs.

**Comments:**

Signature: ___________________________  Date: ________________
Consent

Information recorded during this assessment may be shared with others involved in your care. This will help them understand your needs and avoid having to repeat some parts of the assessment.

Do you consent to information recorded during this assessment being shared with others involved in your care?

Yes □ No □

Some information may also be used to help plan future services. This information will be anonymous, so that you would not be identified.

Do you consent to information recorded during this assessment being used to help plan future services?

Yes □ No □

Is there any specific information you do not wish to be shared? (Give details below)

Yes □ No □

Are there agencies or individuals with whom you would not wish information to be shared? (Give details below)

Yes □ No □

Please provide details:
The following questions in EASY-Care assessment of current needs and priorities are associated with need for care and support. High scores are associated with high needs for support.

<table>
<thead>
<tr>
<th>Indicator of need for support (score in brackets)</th>
<th>Question</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unable to use telephone (3), with some help (2), without help (0)</td>
<td>Q 1.4</td>
<td></td>
</tr>
<tr>
<td>Needs help with keeping up appearance (5), without help (0)</td>
<td>Q 2.1</td>
<td></td>
</tr>
<tr>
<td>Unable to dress (6), with some help (4), without help (0)</td>
<td>Q 2.2</td>
<td></td>
</tr>
<tr>
<td>Unable to bath / shower (5), without help (0)</td>
<td>Q 2.4</td>
<td></td>
</tr>
<tr>
<td>Unable to do housework (3), with some help (2), without help (0)</td>
<td>Q 2.5</td>
<td></td>
</tr>
<tr>
<td>Unable to prepare meals (5), with some help (2), without help (0)</td>
<td>Q 2.6</td>
<td></td>
</tr>
<tr>
<td>Unable to feed (8), with some help (3), without help (0)</td>
<td>Q 2.7</td>
<td></td>
</tr>
<tr>
<td>Unable to take medicines (4), with some help (2), without help (0)</td>
<td>Q 2.9</td>
<td></td>
</tr>
<tr>
<td>Frequent accidents of bladder (8), occasional (6), no accidents (0)</td>
<td>Q 2.11</td>
<td></td>
</tr>
<tr>
<td>Frequent accidents of bowels (8), occasional (6), no accidents (0)</td>
<td>Q 2.12</td>
<td></td>
</tr>
<tr>
<td>Unable to use toilet (7), with some help (4), without help (0)</td>
<td>Q 2.13</td>
<td></td>
</tr>
<tr>
<td>Confined to bed (8), needs help moving indoors (7), in a wheelchair unaided (5), without help (0)</td>
<td>Q 3.1</td>
<td></td>
</tr>
<tr>
<td>Unable to manage stairs (4), with some help (2), without help (0)</td>
<td>Q 3.3</td>
<td></td>
</tr>
<tr>
<td>Unable to walk outside (6), with some help (3), without help (0)</td>
<td>Q 3.4</td>
<td></td>
</tr>
<tr>
<td>Unable to shop (4), with some help (2), without help (0)</td>
<td>Q 3.6</td>
<td></td>
</tr>
<tr>
<td>Unable to get public services (5), with some help (2), no difficulty (0)</td>
<td>Q 3.7</td>
<td></td>
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<tr>
<td>Unable to manage finances (4), able to manage (0)</td>
<td>Q 3.8</td>
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</tbody>
</table>

**Total Score: (0-100)**

Assessor’s comments

Summary of proposed action

Name of assessor: __________________________ Signature: __________________________ Date: __________________________
## Risk of breakdown in care

The following questions in EASY-Care assessment of current needs and priorities have been shown to predict an increased risk of hospital admission. High scores predict increased risk.

<table>
<thead>
<tr>
<th>Risk Indicator</th>
<th>Question</th>
<th>Score 1 point for each</th>
</tr>
</thead>
<tbody>
<tr>
<td>Need any help with:</td>
<td>dressing</td>
<td>Q2.2</td>
</tr>
<tr>
<td></td>
<td>bathing</td>
<td>Q2.4</td>
</tr>
<tr>
<td></td>
<td>feeding</td>
<td>Q2.7</td>
</tr>
<tr>
<td></td>
<td>toilet</td>
<td>Q2.13</td>
</tr>
<tr>
<td>Any accidents with bladder</td>
<td>Q2.11</td>
<td></td>
</tr>
<tr>
<td>Any falls in the last twelve months</td>
<td>Q3.5</td>
<td></td>
</tr>
<tr>
<td>Concerns about weight loss</td>
<td>Q6.6</td>
<td></td>
</tr>
<tr>
<td>General health fair or poor</td>
<td>Q7.2</td>
<td></td>
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<tr>
<td>Much bodily pain in the past month</td>
<td>Q7.6</td>
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<tr>
<td>Down, depressed or hopeless</td>
<td>Q7.7</td>
<td></td>
</tr>
<tr>
<td>Little interest or pleasure</td>
<td>Q7.8</td>
<td></td>
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<tr>
<td>Memory loss or forgetfulness</td>
<td>Q7.9</td>
<td></td>
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</table>

**Total (out of 12)**

Assessor’s comments

Summary of proposed action
## Risk of falls

The following questions in EASY-Care assessment of current needs and priorities predict an increased risk of falling and/or injuries from falls. Three or more positive items indicate a high risk of falls.

<table>
<thead>
<tr>
<th>Risk Indicator</th>
<th>Question</th>
<th>Score 1 point for each</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has difficulty with vision</td>
<td>Q1.1</td>
<td></td>
</tr>
<tr>
<td>Difficulty when transferring</td>
<td>Q3.1</td>
<td></td>
</tr>
<tr>
<td>Problems with feet</td>
<td>Q3.2</td>
<td></td>
</tr>
<tr>
<td>One or more falls in the past year</td>
<td>Q3.5</td>
<td></td>
</tr>
<tr>
<td>Is housebound</td>
<td>Q3.6</td>
<td></td>
</tr>
<tr>
<td>Not safe inside home</td>
<td>Q4.1</td>
<td></td>
</tr>
<tr>
<td>Not safe outside house</td>
<td>Q4.2</td>
<td></td>
</tr>
<tr>
<td>Excess alcohol intake</td>
<td>Q6.4</td>
<td></td>
</tr>
</tbody>
</table>

### Total (out of 8)

<table>
<thead>
<tr>
<th>Assessor’s comments</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Summary of proposed action</th>
</tr>
</thead>
</table>

Name of assessor:  
Signature:  
Date:  

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