

Self Assessment

This assessment may help you decide how you could best use Direct Payments as well as giving you a clearer picture of your needs, ambitions and achievements that you could build on.

Name:

Address:

Date of Birth:

Date of Assessment:

Accessibility and Independence

Is your accommodation accessible and appropriate for your needs?

Yes / No
details)

(If no please give

Do you need help with your mobility?

Yes / No
wheelchair)

(If yes please give details e.g.

Do you need help with tasks such as making yourself a cup of tea or something to eat?

Yes / No
details)

(If yes please give

Are there any tasks you struggle with that you are aware of equipment that would help you to be more independent?

Yes / No
details)

(If yes please give

Do you get the opportunity to socialise?

Yes / No

(If no please explain what you would like to do and what you would need to achieve this)

When did you last have a holiday, where did you go, where would you like to go?

Support Networks

Who cares for you? e.g. friends, family, carers, neighbours etc.

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Do you care for others at home? e.g. children, partners, pets etc.

Yes / No details)	(If yes please give

Outside Interests e.g. hobbies, pastimes, church/social groups etc.

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Ambitions and Achievements

What interests or skills do you have and would you like to develop them?

Are there any ambitions that you would like to have achieved or be doing in six months?

Please list three things that you feel you have achieved in the last five years.