

Domiciliary Care Re-enablement Service - Baseline Assessment Questionnaire

QUESTIONNAIRE & SERVICE USER RESPONSE

In order for our Domiciliary Care Services Team to provide you with the best possible care we will need to ask you some questions about you and your chosen lifestyle. This information will be treated in the strictest confidence and will enable us to establish what we call a "Baseline Assessment" of your care needs, and so develop a customised Care Plan that will be specific for you.

Thank you in advance for your help.

A: DETAILS OF SERVICE USER RE-ENABLEMENT PROPOSAL		
PROSPECTIVE SERVICE USER	Name:	Likes to be known as:
	Gender:	Date of Birth:
PROSPECTIVE SERVICE USER	Name:	Position:
	Signature:	Date:
PROJECT & INTERVIEW DETAILS	Project Reference:	Language used for the Interview:
	Relevant Address:	
	Names of other persons present that helped with the interview (Carer, family member, etc):	

B: ETHNICITY (2011 Census classification)

Tick the box alongside the category that describes the prospective service user's ethnic origin, using the 18 categories that formed the basis of the 2011 Census classification.

If the service user is unable or unwilling to divulge this information DO NOT press the matter but record as "unknown".

1	White (English / Welsh / Scottish / Northern Irish / British)		10	Asian or Asian British Pakistani	
2	White Irish		11	Asian or Asian British Bangladeshi	
3	White Gypsy or Irish Traveller		12	Asian or Asian British Chinese	
4	Any other White background		13	Any other Asian or Asian British background	
5	Mixed or Multiple White and Black Caribbean		14	Black or Black British African	
6	Mixed White and Black African		15	Black or Black British Caribbean	
7	Mixed White and Black Asian		16	Any other Black or Black British background	
8	Any other Mixed or Multiple background		17	Arab	
9	Asian or Asian British Indian		18	ANY OTHER ETHNIC GROUP	

C: RELIGION / BELIEF

Tick appropriate religion / belief group

1	Christian		8	Muslim / Islam	
2	Adventist		9	Sikh	
3	Judaism		10	Rastafarian	
4	Mormon		11	Zoroastrian / Parsi	
5	Buddhism		12	Bahá'í	
6	Hindu		13	No religion	
7	Jainism		14	Does not wish to answer	

Name of Prospective Service User: _____ Person Conducting Interview: _____ Date: _____

D: HEALTH & DISPOSITION

D1: Health in general (tick one box):		D8: Concentration on activities (tick one box):	
Very good - he / she feels fine		Better than usual	
Good		Same as usual	
Fair		Less than usual	
Bad		Much less than usual	
Very bad		D9: Losing sleep over worry (tick one box):	
D2: Mobility (tick one box):		Not at all	
No problems moving and walking about		No more than usual	
Some problems moving and walking about		Rather more than usual	
Confined to bed		Much more than usual	
D3: Caring for self (tick one box):		D10: Feeling that they are playing a useful part in things (tick one box):	
No problems caring for self		More so than usual	
Some problems washing or dressing self		Same as usual	
Unable to wash or dress self		Less so than usual	
D4: Daily activities (housework, leisure etc) (tick one box):		Much less useful	
No problems performing usual activities		D11: Feeling capable of making decisions (tick one box):	
Some problems performing usual activities		More so than usual	
Unable to perform usual activities		Same as usual	
D5: Pain and Discomfort (tick one box):		Less so than usual	
No pain or discomfort		Much less capable	
Moderate pain or discomfort		D12: Feeling constantly under strain (tick one box):	
Extreme pain or discomfort		Not at all	
D6: Anxiety and Depression (tick one box):		No more than usual	
Not anxious or depressed		Rather more than usual	
Moderately anxious or depressed		Much more than usual	
Extremely anxious or depressed		D13: Feeling of being unable to overcome difficulties (tick one box):	
D7: Health today compared to the last 12 months (tick one box):		Not at all	
Better		No more than usual	
Much the same		Rather more than usual	
Worse		Much more than usual	

Name of Prospective Service User: _____ Person Conducting Interview: _____ Date: _____

D: HEALTH & DISPOSITION (continued)

D14: Ability to enjoy normal daily activities (tick one box):		D17: Ability to face up to problems (tick one box):	
<input type="checkbox"/> More so than usual	<input type="checkbox"/>	<input type="checkbox"/> Better than usual	<input type="checkbox"/>
<input type="checkbox"/> Same as usual	<input type="checkbox"/>	<input type="checkbox"/> Same as usual	<input type="checkbox"/>
<input type="checkbox"/> Less so than usual	<input type="checkbox"/>	<input type="checkbox"/> Less than usual	<input type="checkbox"/>
<input type="checkbox"/> Much less than usual	<input type="checkbox"/>	<input type="checkbox"/> Much less able	<input type="checkbox"/>
D15: Loss of self-confidence (tick one box):		D18: Rating overall present quality of life (tick one box):	
<input type="checkbox"/> Not at all	<input type="checkbox"/>	<input type="checkbox"/> Very contented - couldn't be improved	<input type="checkbox"/>
<input type="checkbox"/> No more than usual	<input type="checkbox"/>	<input type="checkbox"/> Very good, but could be improved	<input type="checkbox"/>
<input type="checkbox"/> Rather more than usual	<input type="checkbox"/>	<input type="checkbox"/> Good – adequate	<input type="checkbox"/>
<input type="checkbox"/> A lot more than usual	<input type="checkbox"/>	<input type="checkbox"/> Alright	<input type="checkbox"/>
D16: Thoughts of worthlessness (tick one box):		<input type="checkbox"/> Bad	
<input type="checkbox"/> Not at all	<input type="checkbox"/>	<input type="checkbox"/> Very bad	<input type="checkbox"/>
<input type="checkbox"/> No more than usual	<input type="checkbox"/>	<input type="checkbox"/> So bad - couldn't be worse	<input type="checkbox"/>
<input type="checkbox"/> Rather more than usual	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> A lot more than usual	<input type="checkbox"/>		<input type="checkbox"/>

E: INDEPENDENCE, DIGNITY & CONTROL OF LIFE'S DAILY CHALLENGES

E1: Ability to move around indoors (no steps involved) (tick one box):		E4: Ability to wash all over, bathe or shower) (tick one box):	
<input type="checkbox"/> Can manage without help	<input type="checkbox"/>	<input type="checkbox"/> Can manage without help	<input type="checkbox"/>
<input type="checkbox"/> Can manage with difficulty	<input type="checkbox"/>	<input type="checkbox"/> Can manage with difficulty	<input type="checkbox"/>
<input type="checkbox"/> Can only manage with somebody assisting	<input type="checkbox"/>	<input type="checkbox"/> Can only manage with somebody assisting	<input type="checkbox"/>
<input type="checkbox"/> Cannot manage at all	<input type="checkbox"/>	<input type="checkbox"/> Cannot manage at all	<input type="checkbox"/>
E2: Ability to negotiate steps and stairs (tick one box):		E5: Ability to wash hands and face (tick one box):	
<input type="checkbox"/> Can manage without help	<input type="checkbox"/>	<input type="checkbox"/> Can manage without help	<input type="checkbox"/>
<input type="checkbox"/> Can manage with difficulty	<input type="checkbox"/>	<input type="checkbox"/> Can manage with difficulty	<input type="checkbox"/>
<input type="checkbox"/> Can only manage with somebody assisting	<input type="checkbox"/>	<input type="checkbox"/> Can only manage with somebody assisting	<input type="checkbox"/>
<input type="checkbox"/> Cannot manage at all	<input type="checkbox"/>	<input type="checkbox"/> Cannot manage at all	<input type="checkbox"/>
E3: Ability to get in and out of a bed or chair (tick one box):		E6: Ability to dress and undress (tick one box):	
<input type="checkbox"/> Can manage without help	<input type="checkbox"/>	<input type="checkbox"/> Can manage without help	<input type="checkbox"/>
<input type="checkbox"/> Can manage with difficulty	<input type="checkbox"/>	<input type="checkbox"/> Can manage with difficulty	<input type="checkbox"/>
<input type="checkbox"/> Can only manage with somebody assisting	<input type="checkbox"/>	<input type="checkbox"/> Can only manage with somebody assisting	<input type="checkbox"/>
<input type="checkbox"/> Cannot manage at all	<input type="checkbox"/>	<input type="checkbox"/> Cannot manage at all	<input type="checkbox"/>

Name of Prospective Service User: _____ Person Conducting Interview: _____ Date: _____

E: INDEPENDENCE, DIGNITY & CONTROL OF LIFE'S DAILY CHALLENGES (continued)

E7: Ability to go outdoors and walk down the road (tick one box):		E13: Control over daily life (tick one box):	
Can manage without help		As much control as needed	
Can manage with difficulty		No control over some aspects of daily life	
Can only manage with somebody assisting		No control over daily life	
Cannot manage at all		E14: Control over eating and meals (tick one box):	
E8: Ability to feed himself / herself (tick one box):		Complete control over what to eat and mealtimes	
Can manage without help		Doesn't always eat the right meals, but no risk to health	
Can manage with difficulty		Risk of poor nutrition / malnourishment	
Can only manage with somebody assisting		E15: Personal cleanliness and hygiene (tick one box):	
Cannot manage at all		Feels clean and clothes are clean - good self-esteem	
E9: Ability to use the toilet or commode (tick one box):		Doesn't always feel as clean as they would like	
Can manage without help		Poor standards of cleanliness and / or personal hygiene	
Can manage with difficulty		E16: Environmental cleanliness and hygiene (tick one box):	
Can only manage with somebody assisting		Good standards of cleanliness and comfort in the home	
Cannot manage at all		Requires some cleaning	
E10: Ability to control bladder (urinary continence) (tick one box):		Poor standards of cleanliness / hygiene - risk of pests	
Continent		E17: Being treated with dignity and respect (tick one box):	
Has the occasional accident		Treated with dignity and respect by others	
Has many accidents		Not always treated with dignity and respect	
Incontinent		Never afforded the dignity or respect that is due	
E11: Ability to control bowels (faecal continence) (tick one box):		E18: Socialising and keeping in touch (tick one box):	
Continent		Good social situation and many friends / relationships	
Has the occasional accident		Social situation could be better	
Has many accidents		Socially isolated and lonely	
Incontinent		E19: Taking part in activities (tick one box):	
E12: Feeling safe and secure (tick one box):		Does activities that he / she wants to do	
Feels completely safe and secure		Does some of the activities that he / she wants to do	
Sometimes not feeling as safe as they would like		Does none of the activities that he / she wants to do	
Worry about physical security		E20: Persons living in the home (tick one box):	
Never feels safe or secure		Lives alone	
		Lives with spouse / partner	
		Lives with son /daughter	

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