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Baseline Assessment of Needs for Daily Living - Service User

Baseline Assessment of Needs for Daily Living
Service User

Service User: _____ Service User Reference: _____

The following pages provide a comprehensive record of daily living needs that allows the service user to experience a fulfilling quality of life.

These Assessment of Needs are structured into the 15 sections listed below and will form the basis of the Service User Care Plan; ref Form No: 3-013:

1. WAKING & DRESSING

2. UNDRESSING, RETIRING & SLEEPING

3. FOOD, DRINK & DIETS

4. MEDICATION

5. MOBILITY

6. HEALTH & MEDICAL CARE

7. PERSONAL HYGIENE

8. DAILY LIFESTYLE & ACTIVITIES

9. SOCIAL NEEDS & RELATIONSHIPS

10. PSYCHIATRIC & MENTAL HISTORY

11. COMMUNICATION NEEDS

12. RELIGION, CULTURE & BELIEFS

13. AWARENESS & REALITY ORIENTATION

14. BEHAVIOUR & RISKS

15. MONEY & FINANCE

Name of Service User: _____		Reference Point: _____	
	ASSESSMENT UNIT	Tick as relevant	Comments
1. WAKING & DRESSING			
1.1	Preferred time of getting up	☐	
1.2	Assistance required with getting up	☐	
1.3	Able to choose clothes	☐	
1.4	Assistance required with dressing	☐	
1.5	Assistance required with washing	☐	
1.6	Needs to be taken toilet / commode (preference?)	☐	
2. UNDRESSING, RETIRING & SLEEPING			
2.1	Preferred time of going to bed	☐	
2.2	Assistance required with undressing	☐	
2.3	Enjoys bath or shower in evenings	☐	
2.4	Likes dentures removed	☐	
2.5	Number of pillows	☐	

ASSESSMENT UNIT			Tick as relevant	Comments
2.6	Bedtime routines (TV / radio / reading)		☐	
2.7	PREFERRED BEDTIME DRINKS	None	☐	
		Hot drink (Horlicks, Ovaltine, Milk etc)	☐	
		Cold drinks (Water, juices, soft drinks)	☐	
2.8	Good sleep pattern - sleeps well		☐	
2.9	Disturbed sleep pattern - gets up in the night		☐	
2.10	Sleeps with light on		☐	
2.11	Needs night-time checking		☐	
2.12	Likes bedroom door open		☐	
2.13	Needs sedation		☐	

Signature of Assessor: _____ Name of Assessor: _____ Date: _____

Name of Service User: _____		Reference Point: _____	
ASSESSMENT UNIT		Tick as relevant	Comments
3. FOOD, DRINK & DIETS			
3.1	"MUST" Score - to assess risk of malnutrition or obesity	☐	
3.2	Small / good appetite	☐	
3.3	Ability to make own snacks and drinks	☐	
3.4	Preferred mealtimes	☐	
3.5	Preferred places to eat meals and snacks	☐	
3.6	Foods - Meat - red	☐	
3.7	Foods - Meat - white	☐	
3.8	Foods - Poultry	☐	
3.9	Foods - Fish	☐	
3.10	Foods - Dairy products	☐	
3.11	Foods - Fruit / vegetables	☐	
3.12	Foods - Sweet items (confectionery, biscuits etc)	☐	
3.13	Foods - Bakery products (bread, cakes etc)	☐	
3.14	Foods - Alcoholic drinks - beer / wine / spirits	☐	

ASSESSMENT UNIT			Tick as relevant	Comments
3.15	Foods - Condiments / crisps / snack items		☐	
3.16	FAVOURITE FOODS		☐	
			☐	
3.17	SPECIAL DISLIKES		☐	
			☐	
3.18	Foods forbidden by religion, faith or culture		☐	
3.19	SPECIAL DIETS		☐	
			☐	
3.20	FOOD ALLERGIES		☐	
			☐	
3.21	Food must be cut into small portions, or soft / pureed		☐	
3.22	Assistance required with cutting food / eating		☐	
3.23	Special equipment needs - adapted cutlery, cups etc		☐	

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Name of Service User: _____			Reference Point: _____	
ASSESSMENT UNIT			Tick as relevant	Comments
4. MEDICATION				
4.1	MEDICATION REGIME & ROUTES (prescribed by GP)		☐	
			☐	
			☐	
			☐	
4.2	SELF-MEDICATING (specify)		☐	
			☐	
			☐	
4.3	Service user able to give consent to medication		☐	
4.4	OTC / household remedies – specify		☐	
4.5	Alternative / complementary / holistic medicines		☐	
4.6	Choking risk when swallowing tablets or capsules		☐	
4.7	Takes liquid medication in tea or other drinks		☐	
4.8	Needs tablets crushed in food		☐	

ASSESSMENT UNIT			Tick as relevant	Comments
4.9	DRUG SENSITIVITY		☐	
			☐	
5. MOBILITY				
5.1	CAPABLE? PROBLEMS AIDS REQUIRED	Standing	☐	
5.2		Walking	☐	
5.3		Stairs and steps	☐	
5.4		Transfer to / from chair	☐	
5.5		Transfer to / from bed	☐	
5.6		Washing / bathing / showering	☐	
5.7		Using the toilet	☐	
5.8	Effects of medication on mobility		☐	
5.9	Dependency on walking stick / Zimmer frame / wheelchair		☐	

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Name of Service User: _____			Reference Point: _____	
ASSESSMENT UNIT			Tick as relevant	Comments
6. HEALTH & MEDICAL CARE				
6.1	General state of health		☐	
6.2	VISION & EYE CARE	Quality of sight	☐	
		Vision Aids (spectacles / contact lens)	☐	
		OPTICIAN / OPHTHALMOLOGIST	☐	
6.3	SPEECH	Quality of speech	☐	
		SPEECH THERAPIST	☐	
6.4	HEARING	Quality of hearing	☐	
		AUDIOLOGIST	☐	
6.5	CONTINENCE	Urinary continence	☐	
		Passing urine	☐	
		Faecal continence	☐	
		Normal / constipation / diarrhea	☐	
		Colostomy bag	☐	

ASSESSMENT UNIT			Tick as relevant	Comments
6.6	DISABILITY	Artificial limbs	☐	
		Walking stick / Zimmer frame / Wheelchair	☐	
		Permanent or occasional wheelchair use	☐	
6.7	Cognitive loss (Alzheimers / Dementia)		☐	
6.8	Specific needs (Diabetes / MS etc)		☐	
6.9	VITAL SIGNS	Blood pressure:	☐	
		Temperature:	☐	
		Pulse:	☐	
		Weight:	☐	
6.10	OTHER SPECIAL SERVICE NEEDS	OCCUPATIONAL THERAPIST	☐	
		DIETICIAN	☐	
		PHYSIOTHERAPIST	☐	
		SOCIAL WORKER / DISTRICT NURSE	☐	
		COMMUNITY PSYCHIATRIC NURSE	☐	

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Name of Service User: _____			Reference Point: _____	
ASSESSMENT UNIT			Tick as relevant	Comments
7. PERSONAL HYGIENE				
7.1	Interested and cares about appearance		☐	
7.2	Baths OR Showers: (am: _____ pm: _____)		☐	
7.3	TEETH & DENTAL CARE	Sees dentist regularly	☐	
7.4		Wears dentures - clean & hygienic	☐	
7.5	Chiropody - regular care given		☐	
7.6	HAIR-DRESSER	Frequency: _____	☐	
		Shampoo-&-set / Perms	☐	
		Hair not cut (religious beliefs)	☐	
7.7	Facials - regular treatment given – beautician		☐	
7.8	Skin care		☐	
7.9	Make-up		☐	
7.10	Shaving & shaving preferences		☐	
7.11	Nail care		☐	
7.12	Deodorants - attitude to body odours		☐	

ASSESSMENT UNIT		Tick as relevant	Comments
8. DAILY LIFESTYLE ACTIVITIES			
8.1	Member of Society / Group / Organisation	☐	
8.2	Regularly goes to Church (Religion: _____)	☐	
8.3	Favourite regular outdoor activity	☐	
8.4	Favourite regular indoor activity	☐	
8.5	Favourite TV programme	☐	
8.6	Favourite radio programme	☐	
8.7	Favourite type of music	☐	
8.8	Gardening / DIY / Painting	☐	
8.9	Going shopping	☐	
8.10	Going to pubs / restaurants	☐	
8.11	Holiday preferences	☐	
8.12	Day trips out	☐	

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Name of Service User: _____		Reference Point: _____	
ASSESSMENT UNIT		Tick as relevant	Comments
9. SOCIAL NEEDS & RELATIONSHIPS			
9.1	Likes regular pattern of contact	☐	
9.2	Enjoys meeting other people	☐	
9.3	Likes to talk about self (interests etc)	☐	
9.4	Enjoys talking about early family life	☐	
9.5	Can relate family history	☐	
9.6	Can keep up-to-date with family occasions	☐	
9.7	Expects not to need to conceal emotions	☐	
9.8	Sexual orientation - where expressed	☐	
9.9	Sexual needs - where expressed	☐	
9.10	Smoking (number per day: _____)	☐	
9.11	Expects not to be discouraged from forming close relationships	☐	
9.12	Keeps contact with long-standing friends	☐	
9.13	Handling bereavement of family or friends	☐	

ASSESSMENT UNIT			Tick as relevant	Comments
9.14	SOCIAL MOBILITY	Prefers public transport	☐	
		Is able to drive	☐	
		Owns car	☐	
9.15	Conflict between service user & family member(s)		☐	
9.16	Pets		☐	
10. PSYCHIATRIC & MENTAL HISTORY				
10.1	Eating disorders		☐	
10.2	Alcohol dependency		☐	
10.3	Drug dependency		☐	
10.4	Epilepsy		☐	
10.5	Episodes of inappropriate sexual behavior		☐	
10.6	Depression		☐	
	Aggression / History of violence		☐	

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Name of Service User: _____		Reference Point: _____	
	ASSESSMENT UNIT	Tick as relevant	Comments
11. COMMUNICATION NEEDS			
11.1	Language or dialect used - interpreter required?	☐	
11.2	Command of English	☐	
11.3	Communication aids - hearing aids, spectacles etc	☐	
11.4	Makaton / sign language / pictorial signs	☐	
11.5	Writing - assistance required	☐	
11.6	Preferred mode of address - title / first name etc	☐	
11.7	Easy use of standard telephone	☐	
11.8	Telephone amplification / large digit phones needed	☐	
11.9	Confused state contributes to poor communication	☐	
11.10	Use of e-mail / internet	☐	
11.11	Other communication difficulties	☐	

ASSESSMENT UNIT		Tick as relevant	Comments
12. RELIGION, CULTURE & BELIEFS			
12.1	Religion: _____	☐	
12.2	Practicing?	☐	
12.3	Likes to attend chosen places of worship	☐	
12.4	Minister of religion	☐	
12.5	Celebrates religious festivals and customs	☐	
12.6	Arrangements to be observed in the event of death	☐	
12.7	Contact names & telephone numbers	☐	
13. AWARENESS & REALITY ORIENTATION			
13.1	Aware of their own identity, and of significant others	☐	
13.2	Aware of the date and time	☐	
13.3	Recognises everyday objects	☐	
13.4	Aware of current events	☐	
13.5	Understands the need for their care	☐	

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Name of Service User: _____		Reference Point: _____	
ASSESSMENT UNIT		Tick as relevant	Comments
14. BEHAVIOUR & RISKS			
14.1	Service user exhibits undue aggression	☐	
14.2	Challenging behavior	☐	
14.3	History of domestic abuse	☐	
14.4	Substance abuse status	☐	
14.5	Paranoia / Hostility	☐	
14.6	"Trigger" factors	☐	
14.7	Effect of medication on mood changes	☐	
14.8	Support required, and from whom	☐	
14.9	Physical Intervention / Restraint policy	☐	
14.10	Impact of family members	☐	
14.11	Social implications	☐	

ASSESSMENT UNIT		Tick as relevant	Comments
15. MONEY & FINANCES			
15.1	Access to money	☐	
15.2	Ability to manage own finances	☐	
15.3	Security of money at service user's home	☐	
15.4	Relatives / friends / advocates	☐	
15.5	Assistance with shopping and handling monies	☐	
15.6	Insurances (household etc)	☐	
15.7	Entitlements to benefit	☐	

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