



Date:

NEEDS ASSESSMENT WORKSHEET

Client name: _____ Care Manager: _____

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

Activities Of Daily Living (ADLs)

Activity	Accomplishes alone	Needs some help	Needs much help
Bathing			
Dressing			
Grooming			
Toileting			
Eating a nutritious diet			
Getting out of bed			
Getting out of chair			
Walking			

Instrumental Activities Of Daily Living (IADLs)

Activity	Accomplishes alone	Needs some help	Needs much help
Using the telephone			
Shopping for personal items			
Transportation			
Managing money			
Doing laundry			
Doing light housework			
Preparing meals			

Conditions/Functional Status

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

Limitation	No effect	Some effect	Major effect
Hearing			
Vision			
Perception			
Orientation			
Thinking			
Memory			
Decision-Making/Judgment			
Physical Dexterity			
Balance			
Strength			
Energy			
Bladder or bowel control			
Arthritis			
Hypertension			
Heart disease			
Diabetes			
Physical deformity			
Depression			

Environmental Safety

Which barriers can be removed or changed?

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		
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		
Kitchen:		
Lever handles on sink		
Clean rubber mat by the sink		
Items used often are accessible		
Storage is easy to get to		
No objects are over the stove		
Well-lit		
Bathroom:		
Grab bars attached to studs, byt the toilet and tub or shower		
Nonskid strips in the tub or shower		
Hand-held shower head		
Nonslip bath mat or rug		

OTHER INFORMATION

List the older person's informal support networks, such as a neighbor who runs errands or a youth who shovels snow and chops wood.

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

List services or support the older person says he or she needs or wants.

List your needs as a caregiver.

- What obligation 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.

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Adapted from "*Elder Care Choices and Decisions: Locating Community Resources*," B3603-2, produced by the University of Wisconsin-Extension Cooperative Extension Services in conjunction with the United States Department of Agriculture.



For additional tools for caregiving or aging, visit www.CaregiversLibrary.org