



Carer Assessment

Self Assessment Questionnaire

You have been sent this self-assessment questionnaire ahead of your carer's assessment.

A carer's assessment is for carers over 18 years old who are looking after another adult over 18 years old who is disabled, ill or elderly. It is an opportunity to record the impact caring has on your life and what support or services you need. The assessment will look at, for example, physical, mental and emotional needs, and whether you are able or willing to carry on caring.

In preparation for your assessment, it is useful to give yourself some time to think about how caring affects you. It's also important to start thinking about any help that would make a difference to you as a carer. This can be recorded in the carer's desired outcome sections of this form. We understand that you might not know about all the types of help that could be available; this self-assessment is to help us understand what things you are having problems with.

If you need any support completing this form please contact Doncaster Carers Wellbeing Service on 01302 968900 or via email at doncastercarers.wellbeing@makingspace.co.uk. Alternatively, you can get information and advice about completing this self-assessment questionnaire by visiting carersuk.org and searching for carer's assessment.

Once you have completed this form please return it to Doncaster Carers Wellbeing Service at the following address: FREEPOST CARERS WELLBEING DN. No stamp is required.

Section I. Personal Details

Full Name

Date of Birth

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Address

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Post Code

Home Telephone

Mobile Telephone

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Email Address

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Age

Gender

Ethnicity

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Section 2. GP Details

Name

Telephone

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Address

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Section 3. Consent for information storage and sharing

Yes

No

Do you consent to your information being stored for the purpose of processing this application?

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Do you consent to your information being stored on our carers register?

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Do you consent to us sharing your information with other organisations with your knowledge?

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Signature

Date

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Section 4. Cared for details – the person you care for

Full Name

Date of Birth

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Address

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Post Code

Home Telephone

Mobile Telephone

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Email Address

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Age

Gender

Ethnicity

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Cared for persons Illnesses/Disabilities

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Section 5. Needs and eligibility assessment

How many caring hours do you provide each week?

Hours

Please tell us about the person you care for and the practical and emotional support you provide. Include whether you are willing and able to continue to provide care.

About You

Please tell us about yourself and the things you enjoy, your physical and mental health. Include details of any family, friends and community networks that you have.

Carrying out any care responsibility the carer has for a child under the age of 18

Does your caring role impact on your ability to care for a child? This includes your own children, grandchildren or anyone else’s child that you would normally care for.

| YES | NO |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |

If you have ticked yes, please provide details about how your caring role impacts on your ability to care for a child.

Caring for any other adult than the adult named in section 4

Do you provide care to any other adult than that adult named in section 4? This can include any other family, friends or neighbours etc to whom you provide support.

| YES | NO |
|-----|----|
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Does your caring role impact on your ability to care for another adult?

If you have ticked yes, please provide details about how your caring role impacts on your ability to care for another adult.

Developing and maintaining family or other personal relationships

Does your caring role impact on your ability to develop and maintain family or other personal relationships?

| YES | NO |
|-----|----|
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If you have ticked yes, please provide details about how your caring role impacts on your ability to develop and maintain family or personal relationships.

Engaging in work, training, education or volunteering

Do you currently engage in work, training, education or volunteering?

Does your caring role impact on your ability to engage in work, training, education or volunteering?

| YES | NO |
|-----|----|
| | |
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If you have ticked yes, please provide details about how your caring role impacts on your ability to engage in work, training, education or volunteering.

Engaging in recreational activities

Does your caring role impact on your ability to engage in recreational activities?

This can include any sports, hobbies, crafts, pastimes, or groups that you currently access or used to be involved with.

| YES | NO |
|-----|----|
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If you have ticked yes, please provide details about how your caring role impacts on your ability to engage in recreational activities.

Making use of necessary facilities or services in the local community, including recreational facilities or services

Does your caring role impact on your ability to make use of necessary facilities or services in the local community, including recreational facilities or services?

This includes access to GP appointments, libraries, support groups, hairdressers, dentist appointment etc.

| YES | NO |
|-----|----|
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If you have ticked yes, please provide details about how your caring role impacts on your ability to make use of necessary facilities or services in the local community, including recreational facilities or services.

Managing and maintaining nutrition

Does your caring role impact on your ability to manage and maintain your nutrition? Are you eating 3 meals a day? Are you consuming healthy nutritious foods?

| YES | NO |
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If you have ticked yes, please provide details about how your caring role impacts on your ability to manage and maintain your nutrition.

Maintaining a habitable home environment in the carer’s home, whether or not this is also the home of the adult needing care

Does your caring role impact on your ability to maintain your own home? This includes cleaning, washing, ironing, gardening etc in your own home.

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| YES | NO |
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If you have ticked yes, please provide details about how your caring role impacts on your ability to maintain your own home.

Section 6. Declaration

I declare that the information given in this form is true and complete to the best of my knowledge. I understand that if I have deliberately given any false information or purposefully withheld any relevant information that this could impact my assessment.

Signed

Date

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Section 7. Additional Information

Please use this space to provide us with any additional relevant information. If you run out of space answering any of the previous questions, please continue in this box.

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