

Family Name: _____ Mr/Mrs/Ms/Miss/Dr/Other:

Forenames: _____ NI number: _____

Present Address _____

& Telephone No: _____ Postcode: _____

Permanent Home Address _____

& Telephone No: _____
(if different) _____ Postcode: _____

Type of Accommodation: Flat Maisonette House
Bungalow Residential Home Nursing Home Other

If a flat, what floor do you live on? _____

If other, please specify: _____

D.o.B.: _____ Gender: Male/Female. (circle one)

1. In general, would you say your health is: -

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- Excellent.....
- Very Good.....
- Good.....
- Fair.....
- Poor.....

2. Can you see? (with glasses if worn)

- Yes.....
- With difficulty.....
- Cannot see at all.....

3. Can you hear? (with hearing aid if worn)

- Yes.....
- With difficulty.....
- Cannot hear at all.....

4. Do you have difficulty in making yourself understood because of problem with your speech?

- No.....
- Difficulty with some people.....
- Considerable difficulty with everybody.....

5. **Do you have difficulty breathing?**
(breathlessness, on exertion or at rest)

- No difficulty.....
- Some difficulty.....

6. **How many falls have you had over the last six months?**

- None
- One.....
- Two or more.....

7. **In general, do you feel you are able to enjoy life to the full?** (e.g. able to pursue leisure interests, hobbies, learning work etc)

- Yes.....
- No.....

8. **Do you feel lonely?**

- Never.....
- Sometimes.....
- Often.....

9. **Please provide details of any current medical conditions and diagnosis**

10. **Can you do your housework?**

- Without help (clean floors etc).....
- With some help (can do light house/ work but need help with heavy work)..
- Or are you completely unable to do any housework?.....

11. Can you prepare your own meals?

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- Without help (plan and cook full meals yourself).....
- With some help (can prepare some things but unable to cook full meals yourself).....
- Or are you completely unable to Prepare meals?.....

12. Can you go shopping?

- Without help (take care of all shopping needs yourself).....
- With some help (need someone to go with you on all shopping trips).....
- Or are you completely unable to do any shopping?.....

13. Can you use the telephone?

- Without help, including looking up numbers and dialling.....
- With some help.....
- Or are you completely unable to use the telephone?.....

14. Can you handle your own money?

(e.g. pay bills, count money etc.)

- Without help.....
- With some help.....
- Or are you completely unable to Handle your own money?.....

15. Can you take your own medicine?

- Without help (in the right doses and at the right time).....
- With some help (able to take medicine if someone prepares it for you and/or reminds you to take it).....
- Or are you completely unable to take your medicine?.....

16. Can you walk outside?

- Without help.....
- With some help.....
- Or are you completely unable walk outside?.....

17. Can you get around indoors?

- Without help.....
- In a wheelchair without help.....
- With some help.....
- Or are you confined to bed?.....

18. Can you manage stairs?

- Without help (including carrying any walking aid).....
- With some help.....
- or are you unable to manage stairs?

19. Can you move yourself from bed to chair, if next to each other?

- Without help.....
- With some help.....
- Or are you completely unable to move from bed to chair?.....

20. Can you use the toilet (or commode)?

- Without help (can reach toilet/ commode, undress sufficiently, clean self and leave).....
- With some help (can do some things, including wiping self).....
- Or are you completely unable to use the toilet/commode?.....

21. Can you use the bath or shower?

- Without help.....
- Or do you need help with using the bath or shower?.....

22. Can you keep up your personal appearance?
(e.g. brush hair, shave, put on make-up, etc)

- Without help.....
- Or do you need help with keeping up your personal appearance?.....

23. Can you dress yourself?

- Without help (including buttons, zips, laces etc).....
- With some help (can do half unaided).....
- Or are you completely unable to dress yourself?.....

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24. Can you feed yourself?

- Without help.....
- With some help (cutting food up, spreading butter etc).....
- Or are you completely unable to feed yourself?.....

25. Do you have accidents with your bladder?
(incontinence of urine)

- No accidents.....
- Yes, occasional accident (less than once a day).....
- Or do you have frequent accidents (once a day or more) or need help with urinary catheter?.....

26. Do you have accidents with your bowels?
(incontinence of faeces)

- No accidents.....
- Yes, occasional accident (less than once a week).....
- Or do you have frequent accidents or need to be given an enema?.....

27. Do you feel safe inside your home?

- Yes.....
- No.....

28. Is there anyone who would be able to help you in case of illness or emergency?
(Open answer)

29. Do you receive help from any family, friends or neighbours?

- Yes.....
- No.....

30. Do you have any difficulty getting to

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public services?

(e.g. Post Office, GP Surgery, Chemist, Dentist, etc)

- No difficulty........
- With some help.....
- Unable to get to public services.....

31. Do you receive any of the following services

- Home Care
- District Nurse.....
- Macmillan Nurse.....
- Health Visitor for the Elderly....
- Other.....
- Delivered meals

32. Please give details of any equipment you have been given to assist daily living

33. Please give details of any adaptations/improvements to your present accommodation

34. Do you attend at a day centre, if so which one

35. Do you attend at a day hospital, if so where

36. Have you had any respite care in a care home or other setting away from home

- None.....
- Care home.....
- Other setting
away from home.....

Signed.....Date.....

Before you are accepted to bid on any vacancy in any warden-assisted scheme it is necessary for you to complete the attached assessment. This will show your level of independence and any difficulties that you presently experience. It may be necessary to discuss any difficulties you identify with you, and if this is the case, then a Mobile Warden will visit you. A more detailed assessment can be made, and from this it will be possible to tell you if your request for warden-assisted housing can be agreed.

Please return the completed assessment form to the Property Shop in the enclosed envelope. Should you have any questions regarding completing this form or require any further information then please do not hesitate to contact the Property Shop at the above address.