

Questions you'll be asked when completing the carers assessment

Below are examples only. You'll need to complete the assessment online at [Adult Social Care Portal](#)

Tips and advice

Please answer all questions and give as much detail as you can where we ask for more information.

If you **don't have** an email address, please contact [VASL: Support for Carers](#) and they'll help you complete the carers assessment.

Carer's assessment

1. How many people do you care for?
2. Previous assessments - Have you completed a Carers Assessment with Adult Social Care previously? **Y/N**
(this included individual or combined assessment)
3. Have your needs or responsibilities as a carer changed since your last assessment? **Y/N**
4. Details of the cared for person:

Name | Date of Birth | Gender | Address | Relationship to you

5. Please tell us about any support this person already receives - for example do they have help at home from a care agency or does another person support them with certain things?
6. What other support does the cared for person receive?
7. Who provides this?
8. Does the cared for person pay for this support?
9. Health conditions of the person you care for
10. Current mobility of the person you care for
11. Current aids and equipment in place for the person you care for
12. Benefits in place for the person you care for e.g:
Attendance Allowance | Disability benefits | Employment benefits | Blue Badge | Council Tax Reduction
13. What type of support do you provide?
 - Getting them out of bed
 - Dressing, Washing and Bathing
 - Help with Toileting
 - Preparing and Eating Food
 - Doing Household Tasks
 - Helping them around the House
 - Helping them to Travel
 - Helping them to get out and about
 - Being there for company
 - Checking they are alright
 - Translating or Interpreting
 - Listening and offering Emotional Support
 - Helping to Manage Medication
 - Dealing with Paperwork/Correspondence

- Other - please describe below

14. Please tell us more about the support you provide.

15. How many hours of support do you usually provide in a week?

1-7	8-14	15-21	22-28	29-35	36-42	43-49	50+
-----	------	-------	-------	-------	-------	-------	-----

16. Do you feel able to continue in your caring role?

- **Yes** - but I might need some support
- **No** - I do not

17. What helps you as carer? Please tell us about what currently helps you as a carer:

- Please tell us about what currently helps you as a carer:
- Please tell us about what you think would help you to continue caring. Tell us what is most important?

18. Contingency Plans: Do you have any plans in place if you are not able to provide care/support? * **Y/N**

It is strongly recommended that you make plans so that the person you care for is not left at risk should you be unable to provide care and support. For more information on contingency planning, [click here](#)

Your outcomes

Please answer all questions and give as much detail as you can where we ask for more information.

In social care, an 'outcome' refers to an aim or objective you would like to achieve or need to happen - for example, continuing to live in your own home, or being able to go out and about. You should be able to say which outcomes are the most important to you, and receive support to achieve them.

19. Do you care for a child (under 18yrs), including grandchildren or stepchildren? * **Yes/No**

20. Does your caring responsibility for the adult(s) you have named impact the care you provide to other adults with care needs? * **Yes/No**

21. Is your home safe and do you have all essential amenities (such as heating and water)? Are you able to pay your household bills and deal with the maintenance of your home? * **Yes/No**

22. Can you manage food shopping and preparing your meals for you and your family? * **Yes/No**

23. Does your caring role affect your relationship with family and friends? * **Yes/No**

24. Are you able to take part in work, training, education or volunteering as much as you want to? * **Yes/No**

25. Do you have time for yourself, to take part in activities or hobbies alongside your caring role? * **Yes/No**

26. Are you able to use local services and facilities in your community (for example, public transport, the library, bank, social groups etc.) * **Yes/No**