

Thinking about what I need

Fill this in to help you be ready for your assessment.

	I can do this without help	I can only do this with help	I need help with this every day/ week/month (say which)	I can't do this but want to
My personal needs				
Getting in/out of bed				
Moving around safely at home (such as using stairs)				
Having a wash, bath or shower				
Getting dressed and undressed				
Using the toilet				
Looking after my personal hygiene (for example, cleaning teeth, washing hair and clothes)				
Taking medication				
(for females) Hygiene during my period				
My needs at home				
Making meals and getting drinks				
Shopping for food				
Shopping for other things				
Keeping my home clean and safe				
Essential gardening				
My needs to do with everyday life				
Staying in touch with my family, keeping up with friends or making new ones				
Staying active (such as exercise, keep fit or gym)				
Looking after money and bills				
Looking after children				
Getting around (driving or with public transport) and using public services				
Having access to work, volunteering or college/university				
Enjoying my hobbies and free time				
Other things important to me:				