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| First Name: | | Date of Birth: |
| Surname: | | NHS No: |
| Address: | | |
|  | | Postcode: |
| Tel No: | Mobile: | |

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| How would you describe the diet that you eat? | | | | | | Average | | Good | | Poor |
| How would you describe your level of Nutritional intake? | | | | | | I manage well | | I manage but would value help | | I do not manage |
| Do you eat a special diet?  Example: Coeliac, High Fibre, Low Sugar etc | | | Y / N | Type | | | | | | |
| What are your arrangements for meals? | Able to prepare own food | Carer prepares food | | | Meals on Wheels | | Microwave ready prepared | | | |
| Do you feel you need further support in this area? | | | | | | | | | Y / N | |

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| How would you describe the level of exercise that you take? | Regular exercise | Moderate exercise | Inadequate  exercise |
| How would you describe your mobility? | Good mobility | Moderately mobile | Poor  mobility |
| Do you feel you need further support in this area? | | Y / N | |

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| Are you coping with your personal care needs?  \* Washing, Dressing, Showering etc | | Able to perform own care needs easily | | Difficulty performing own care needs | | | Unable to perform own care needs | |
| Do you need the support of a Carer?  \*This can also mean a friend or family member who assists you | I do not have or need a Carer | | I have a family member or friend who helps me | | I have a paid Carer who supports my needs | | | I need some support, please contact me |
| Do you feel you need further support in this area? | | | | | | Y / N | | |

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| Do you have any communication needs? | | Y / N |
| Please tell us how we can support you with these needs? |  | |

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| Is your housing situation suitable for your needs? | | Y / N | | What type of accommodation do you live in? | Own House | | Own Flat |
| Own Bungalow | | Privately Rented |
| Council | | Housing Assoc. |
| Do you live alone? | Y / N | | Would you like some help to remain independent at home? | | | | Y / N |
| Do you feel you need further support in this area? | | | | | | Y / N | |

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| Are you managing your prescriptions well? | Y / N | Do you know which medications to take and when? | | Y / N |
| Do you feel you need further support in this area? | | | Y / N | |

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| What is your current employment status? | Employed | Self Employed | Retired | Unemployed | | Housewife/  husband |
| Do you feel you need further support in this area? | | | | | Y / N | |

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| Do you feel you have a good Social life? | Yes | No | I would like some support |

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| Are you managing your Financial activities? | | Able to manage | | Difficulty managing | Unable to manage | | I do not manage my finances | | My finances are managed by a 3rd party |
| Are you entitled to Benefits? | I do not claim Benefits | | I do claim Benefits | | | I would like to find out if I am entitled to claim Benefits | | | |
| Do you feel you need further support in this area? | | | | | | | | Y / N | |

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| Have you ever been a smoker? | Current smoker | | | | | | | Ex Smoker | Never smoked |
| Cigarettes | Cigars | Tobacco | | Pipe | E-Cigarette | |
| In what quantity?  \*Consider average daily cigarettes smoked for example | | | |  | | | | | |
| Do you feel you need further support in this area? | | | | | | | Y / N | | |

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| Do you ever drink alcohol? | I abstain from alcohol | 1-2 times a week | | 3-4 times a week | | 5 or more times a week |
| In what quantity?  \*Consider how many glasses/pints and type of alcohol Example; 2x pint of lager and 1 glass of red wine a day | | |  | | | |
| Do you feel you need further support in this area? | | | | | Y / N | |

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| Do you ever use Drugs? | I abstain from drugs | 1-2 times a week | | 3-4 times a week | | 5 or more times a week | I have previously used drugs |
| What drugs have you used? | | |  | | | | |
| In what quantity?  \*Consider how often and the type od substance you have used | | | | |  | | |
| Do you feel you need further support in this area? | | | | | | | Y / N |

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| How do you feel your mood is best described? | Generally stable mood | I have both good and bad days | Generally depressed Mood | |
| Have you received support to manage your mood previously? | | | | Y /N |
| Do you feel you need further support in this area? | | | | Y / N |

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| How would you best describe your general behaviour? | Normal Behaviour | Challenging Behaviour | Inappropriate Behaviour | Problem Behaviour | Manageable Behaviour | | Unmanageable Behaviour |
| Please provide brief explanation | |  | | | | | |
| Do you feel you need further support in this area? | | | | | | Y / N | |

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| --- | --- | --- | --- | --- |
| Have you ever struggled with issues of Self Harm? | Yes, Current | No, Never | | Previously |
| Have you received support to manage your Self Harm previously? | | | Y / N | |
| Do you feel you need further support in this area? | | | Y / N | |

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| --- | --- | --- | --- |
| Have you ever struggled with Suicidal thoughts or intent? | Yes, Current | No, Never | Previously |
| Have you received support to manage your Suicidal thoughts or intent previously? | | Y / N | |
| Do you feel you need further support in this area? | | Y / N | |

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| Would you like to hear from our Wellbeing Team about different opportunities in the local community to support Veterans? | Y / N |
| Would you like to hear from our Wellbeing Team about different Social opportunities in the local community? | Y / N |
| Would you like to register an email address with us for receiving social opportunities?  \* If yes please provide your email address | Y / N |