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

|  |  |  |  |
| --- | --- | --- | --- |
| 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 |

|  |  |  |  |
| --- | --- | --- | --- |
| 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 | Poormobility |
| Do you feel you need further support in this area? | Y / N |

|  |  |  |  |
| --- | --- | --- | --- |
| 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 |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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 |

|  |  |  |  |
| --- | --- | --- | --- |
| 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 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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 |

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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 |

|  |  |  |  |
| --- | --- | --- | --- |
| 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 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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 |

|  |  |  |  |
| --- | --- | --- | --- |
| 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 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 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 |

|  |  |  |  |
| --- | --- | --- | --- |
| 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 |

|  |  |  |  |
| --- | --- | --- | --- |
| 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 |

|  |  |
| --- | --- |
| 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 |