



Needs Assessment

Directions:

For each of the following statements, place a check mark in the column that best describes your feelings or situation. (If an item does not apply to you, *leave the space blank.*)

	Hardly Ever	Sometimes	Almost Always
Around the house or apartment , on my own I am able to:			
1. Cook or prepare nutritious meals.			
2. Do the dishes.			
3. Clean the house or apartment.			
4. Do the laundry.			
5. Do yard work (mowing, raking, snow removal, etc.).			
6. Handle inside maintenance (painting, plumbing, etc.).			
7. Handle outside maintenance (window washing, etc.).			
8. Do grocery or other kinds of shopping.			
9. Use the telephone.			
Regarding my family and social life, on my own I am able to:			
1. Spend sufficient time with family or friends.			
2. Ask my family or friends for help.			
3. Feel "connected" with my neighbors.			
4. Keep myself busy.			
5. Contribute to my community.			
6. Attend social, cultural, or religious events.			
7. Get where I want to go (appointments, etc.).			
Regarding my personal finances, on my own I am able to:			
1. Balance my checkbook.			
2. Make deposits or withdrawals at the bank.			



3. Pay my bills on time.			
4. Handle insurance claims.			
5. Live within my income.			
Regarding my health, on my own I am able to:			
1. Manage my own health care, including making appointments and getting to appointments.			
2. Order and pick up my medications and supplies.			
2. Take medications as prescribed.			
3. Get sufficient exercise.			
Regarding my personal care, on my own I am able to:			
1. Take a bath or shower.			
2. Get dressed.			
3. Brush my teeth.			
4. Comb or style my hair.			
5. Use the toilet.			
6. Cut my food or eat meals.			