

Office use only: HCC PID:	Circle Below: DPFC
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DATE:	Receipts



Carers' Assessment

This document should be completed with the carer, in confidence and in private.
Please return to the address shown on the back page.

Carer's Details

Title		Date of Birth	
First Name(s)		Surname	
Full Address			
		Post Code	
Mobile Number		Contact No.	
Email Address			
How did you hear about our service?			
Can we contact yourself on the details you have provided?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, when is the best time to contact you?			
What is the nature of the disability of the person(s) being cared for?			

GP/Doctor's Details

Have you completed a GP Carer Registration form at your surgery?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name of your Surgery and GP		
GP Address		

Referring Service (Outside CISS agencies use only)

Organisation		Position	
Name of Worker		Contact Number	
Email Address			
Reason for referral			
How soon would you/the carer rate the priority of receiving support, advice and information from ourselves?			
High Priority <input type="checkbox"/>	Medium Priority <input type="checkbox"/>	Low Priority <input type="checkbox"/>	
Has the carer given you consent to contact the CISS service?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Information for Equality Monitoring

Ethnicity

Which of the following best describes your ethnic back ground? Please tick one box

Ethnicity	
Which of the following best describes your ethnic back ground? Please tick one box	
White	Asian or Asian British
<input type="checkbox"/> English/ Welsh/ Scottish/ Northern Irish/ British <input type="checkbox"/> Irish <input type="checkbox"/> Any other White background (please specify)	<input type="checkbox"/> Bangladeshi <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Any other Asian origin (please specify)
Black / Black British	Mixed / Multiple Ethnic Groups
<input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Any other Black origin (please specify)	<input type="checkbox"/> White and Asian <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> Any other Mixed/Multiple origin (please specify)
Chinese or Other Ethnic Groups	Other
<input type="checkbox"/> Chinese <input type="checkbox"/> Arab <input type="checkbox"/> Any other Chinese or Arab origin (please specify)	<input type="checkbox"/> Do not wish to Disclose

Country of Birth

Country of Birth -

Religion

<input type="checkbox"/> Buddhist	<input type="checkbox"/> Christian	<input type="checkbox"/> Other (Please detail)
<input type="checkbox"/> Hindu	<input type="checkbox"/> Jewish	<input type="checkbox"/> None
<input type="checkbox"/> Muslim	<input type="checkbox"/> Sikh	<input type="checkbox"/> Do not wish to disclose

Carer's Disability

Slight
 Moderate
 Severe
 Not Disabled

Sexual Orientation

<input type="checkbox"/> Heterosexual	<input type="checkbox"/> Homosexual
<input type="checkbox"/> Bisexual	<input type="checkbox"/> Other
<input type="checkbox"/> Do not wish to disclose	

Thank you for taking the time to complete this equality monitoring form.

Personal information you provide will be help on a database which is regulated under the Data Protection Act.

In general, would you say your health is?

Very Good Good Fair Poor Very Poor

Who is the person you care for? (Specify number of cared for person/s)

Spouse/Partner Sibling Child Parent Friend/Neighbour Other Family

Your occupational status:

Employed full-time Employed Part-Time Retired Unemployed Full-time student

Where do you, and the person you care for, live?

In the same household In different households but the same building
Within walking distance Within 10 minutes drive / bus or train journey
Within 30 minutes drive / bus or train journey Over one hour's drive / bus or train journey

Do you feel you have enough time to spend on your own interests or leisure activities?

Yes No Sometimes

Would you like more opportunity to spend on your own interests / leisure?

Yes No Sometimes

Do you feel you have the opportunity to spend time in work, education or volunteering?

Yes No Sometimes

If you do not have the opportunity to, would you like support to do so?

Yes No Sometimes

Would you like information on carer support course sessions available to you?

Yes No Sometimes

1. Overall, do you feel well-supported in your role of caregiving?

Always

Often

Sometimes

Never

2. Do you feel you cope well as a caregiver?

Always

Often

Sometimes

Never

3. Do you find caregiving too demanding?

Always

Often

Sometimes

Never

4. Does caregiving cause difficulties in your relationship with friends?

Always

Often

Sometimes

Never

5. Does caregiving have a negative effect on your physical health?

Always

Often

Sometimes

Never

6. Does caregiving cause difficulties in your relationship with your family?

Always

Often

Sometimes

Never

7. Does caregiving cause you financial difficulties?

Always

Often

Sometimes

Never

8. Do you feel trapped by your role as a caregiver?

Always

Often

Sometimes

Never

9. Do you feel well-supported by your friends and / or neighbours?

Always

Often

Sometimes

Never

10. Do you find caregiving worthwhile?

Always

Often

Sometimes

Never

11. Do you feel well- supported by your family?

Always

Often

Sometimes

Never

12. Do you have a good relationship with the person you care for?

Always

Often

Sometimes

Never

13. Do you feel well-supported by health professionals and social services? (Public, Private or Voluntary)

Always

Often

Sometimes

Never

14. Do you feel that anyone appreciates you as a care giver?

Always

Often

Sometimes

Never

15. Does caregiving have a negative effect on your emotional well-being?

Always

Often

Sometimes

Never

Is there anything else you would like to tell us? Please use further sheets if necessary

Data Protection

Your personal information is covered by the Data Protection Act (1998). Information you provide will be treated as confidential.

I agree for my information being held on our database in line with the leaflet 'Your Information'

I do not agree to my information being held

As a result of completing this form the Carers' Information and Support team will contact you to provide information and help to support you in your caring role. We may contact you in the future to help us ensure that our service is continually meeting the need of carers.

Carer Signature _____

Date _____

Thank you for taking the time to complete this Carers Assessment form.

Please return this completed form to:

Carers' Information and Support Service (CISS)
30 King Edward Street
Hull
HU1 3SS

If you have any questions about this Carer's Assessment Form please contact the CISS Team by telephone 01482 222 220 or via email: chcp.carersinfo@nhs.net