

SELF DIRECTED SUPPORT

Choice & Control

**Supported Self
Assessment
Questionnaire
(Mental Health)**



Supported Self Assessment Questionnaire

This is your opportunity to indicate what you consider you need to live your life as an equal citizen in Moray. The questionnaire will help you to tell us enough information about your needs (and outcomes) so that we can fairly and transparently indicate an indicative amount of money that you may get in order to take charge of the support that will work for you. The exact support you may need will be discussed at the next stage, which is when you will have an opportunity to plan your support.

Throughout this questionnaire try to focus on your desired outcomes

1. To stay healthy safe and well
2. To have the best possible quality of life, including life with other family members, if this is what you choose
3. To participate as an active citizen, increasing independence where possible
4. To have maximum choice and control
5. To live your life safely, free from discrimination or harassment
6. To achieve economic well being and have access to work and/or benefits if you choose to do so.
7. To keep your personal dignity and be respected by others.

You can complete the questionnaire by yourself or with the support of someone else. However your Care Officer may be asked for their opinion on your answers and if there is a noticeable disagreement a negotiation will have to take place. The Care Officer must be a social worker employed by Moray Council.

All information provided will be kept confidential. This means that only Moray Council officers who are directly involved in assessing your needs (and outcomes) and anyone whom you invite to provide you with support during the assessment process will have access to the information provided on this questionnaire.

Contact Information

Name	
Address	
Postcode	
Telephone	
Date of birth	
Carefirst number (if known)	

All About me

This section is for you to provide a personal profile of yourself, it could include your likes and dislikes, your domestic situation, key events in your life, your history of mental health problems, your progress with recovery, your hopes for the future. If you are already supported by a service provider, you could ask them to supply this information for you to review and include in this section.



Question 2

Meeting Personal Care Needs

This question is about looking after yourself and your personal appearance. It is about the assistance / encouragement you may need with things like personal hygiene, dressing, taking medication and moving around the home in order to do such tasks. This could also include assistance to get in and out of bed.

Please select only one statement from each table, as appropriate.

When I'm well	
	A. I do not have any problems with my personal care
	B. I need some prompting with my personal care
	C. I have difficulties with my personal care most mornings and/or evenings.
	D. I have difficulties with my personal care several times during the day.
	E. I need some assistance with my personal care at intervals throughout day and night.
	F. I need assistance throughout the day and night with my personal care.

When I'm unwell	
	A. I do not have any problems with my personal care
	B. I need some prompting with my personal care
	C. I have difficulties with my personal care most mornings and/or evenings.
	D. I have difficulties with my personal care several times during the day.
	E. I need some assistance with my personal care at intervals throughout day and night.
	F. I need assistance throughout the day and night with my personal care.

If you answered B, C, D, E, F above please give an indication of the level of assistance you need

When I'm well	
	The motivating I require with my personal care could take up to two hours each day
	The assistance I require with my personal care could take more than two hours each day

When I'm unwell	
	The motivating I require with my personal care could take up to two hours each day
	The assistance I require with my personal care could take more than two hours each day

Comments

Care Officer Agree:

Yes

No

Question 3

Keeping safe

This question is about keeping safe inside and outside of your home. Staying safe means different things to different people. Examples could be remembering to lock your house door, making judgements about who to let into your house, making judgements about who to socialise with, being able to say no to sexual advances, drinking within safe limits.

Please select only one statement from each table, as appropriate.

When I'm well	
<input type="checkbox"/>	A. I am able to keep myself safe all of the time
<input type="checkbox"/>	B. I need occasional support to keep myself safe
<input type="checkbox"/>	C. I often need support to keep myself safe
<input type="checkbox"/>	D. I always need support to keep myself safe

When I'm unwell	
<input type="checkbox"/>	A. I am able to keep myself safe all of the time
<input type="checkbox"/>	B. I need occasional support to keep myself safe
<input type="checkbox"/>	C. I often need support to keep myself safe
<input type="checkbox"/>	D. I always need support to keep myself safe

If you answered B,C or D please indicate when you need support, by selecting either day or night, or both

When I'm well	
<input type="checkbox"/>	I need support to help me keep safe during the day
<input type="checkbox"/>	I need support to help me keep safe during the night

When I'm unwell	
<input type="checkbox"/>	I need support to help me keep safe during the day
<input type="checkbox"/>	I need support to help me keep safe during the night

Comments

Care Officer Agree: Yes
No

Question 10

Parenting and caring

This is about the help that you may need to look after someone who needs your help e.g. dependent child or dependent relative.

Please select only one statement from each table, as appropriate.

When I'm well	
	A. I do not have any parenting/caring responsibilities.
	B. I do not need any support with my parenting/caring responsibilities.
	C. I need support most morning and or evenings and at weekends and holidays with the practical tasks of caring for my dependent children/dependent adult.
	D. I need support several times during the day to support me with the practical tasks of caring for my dependent children/dependent adult.
	E. I need support at intervals throughout the day and night with the practical tasks of caring for my dependent children/dependent adult
	F. I need constant support throughout the day and night with the practical tasks of caring for my dependent children/dependent adult.

When I'm unwell	
	A. I do not have any parenting/caring responsibilities.
	B. I do not need any support with my parenting/caring responsibilities.
	C. I need support most morning and or evenings and at weekends and holidays with the practical tasks of caring for my dependent children/dependent adult.
	D. I need support several times during the day to support me with the practical tasks of caring for my dependent children/dependent adult.
	E. I need support at intervals throughout the day and night with the practical tasks of caring for my dependent children/dependent adult
	F. I need constant support throughout the day and night with the practical tasks of caring for my dependent children/dependent adult.

Comments

Care Officer Agree:

Yes

No

Comments and signature

My Comments:

My Signature:

Date:

**Assessor's
Comments:**

My Signature:

Date: