

CSNAT – The Carer Support Needs Assessment Tool

Date & Time: _____

RGN: _____

Your support needs

We would like to know what help you need to enable you to care for your relative or friend, and what support you need for yourself. For each statement, please **tick the box** that best represents your support needs at the moment.

Do you need more support with ...	No	A little more	Quite a bit more	Very much more
... understanding your relative's illness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments:</i>				
... having time for yourself in the day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments:</i>				
... managing your relative's symptoms, including giving medicines?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments:</i>				
... your financial, legal or work issues?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments:</i>				
... providing personal care for your relative (eg dressing, washing, toileting)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments:</i>				
... dealing with your feelings and worries?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments:</i>				
... knowing who to contact if you are concerned about your relative (for a range of needs including at night)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments:</i>				
... looking after your own health (physical problems)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments:</i>				
... equipment to help care for your relative?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments:</i>				
... your beliefs or spiritual concerns?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments:</i>				
... talking with your relative about his or her illness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments:</i>				
... practical help in the home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments:</i>				
... knowing what to expect in the future when caring for your relative?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments:</i>				
... getting a break from caring overnight?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Comments:</i>				
... anything else? (please write in)				
<p>Please consider which of the above you most need support with at the moment. A practitioner will then be able to discuss these support needs with you.</p>				

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