

CAN-C 2nd Edition
Complete assessment summary sheet

Service user name _____	Date of assessment ____/____/____
Staff name _____	Date of assessment ____/____/____

Rating	Need		Informal help given		Formal help given		Formal help needed		User's views recorded?	Action Plan?
	N	M U ?	0	1 2 3 ?	0	1 2 3 ?	0	1 2 3 ?	Yes	Review date
User / Staff rating	U	S	U	S	U	S	U	S	U	S
01. Accommodation										
02. Food										
03. Looking after home										
04. Self-care										
05. Daytime activities										
06. Physical health										
07. Psychotic symptoms										
08. Information										
09. Psychological distress										
10. Safety to self										
11. Safety to others										
12. Alcohol										
13. Drugs										
14. Company										
15. Intimate relationships										
16. Sexual expression										
17. Dependents										
18. Education										
19. Digital communication										
20. Transport										
21. Money										
22. Benefits										
Total Met needs Number of 'M' ratings										
Total Unmet needs Number of 'U' ratings										
Total needs Number of 'M' and 'U'										
Total help and satisfaction Add scores, rate ? as 0										