

**Camberwell Assessment of Need Short Appraisal Schedule –
Patient (CANSAS-P) 2nd edition**

Name:
Other identifying information (e.g. date of birth):
Date of completion:

Instructions – please tick one box in each row (22 in total)

No need = this area is not a serious problem for me at all

Met need = this area is not a serious problem for me because of help I am given

Unmet need = this area remains a serious problem for me despite any help I am given

	No need	Met need	Unmet need	I don't want answer
1. Accommodation <i>What kind of place do you live in?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
2. Food <i>Do you get enough to eat?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
3. Looking after the home <i>Are you able to look after your home?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
4. Self-care <i>Do you have problems keeping clean and tidy?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
5. Daytime activities <i>How do you spend your day?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
6. Physical Health <i>How well do you feel physically?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
7. Psychotic symptoms <i>Do you ever hear voices or have problems with your thoughts?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
8. Information on condition and treatment <i>Have you been given clear information about your medication?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
9. Psychological distress <i>Have you recently felt very sad or low?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
10. Safety to self <i>Do you ever have thoughts of harming yourself?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
11. Safety to others <i>Do you think you could be a danger to other people's safety?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>

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	<i>No need</i>	<i>Met need</i>	<i>Unmet need</i>	<i>I don't want answer</i>
12. Alcohol <i>Does drinking cause you any problems?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
13. Drugs <i>Do you take any drugs that aren't prescribed?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
14. Company <i>Are you happy with your social life?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
15. Intimate relationships <i>Do you have a partner?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
16. Sexual Expression <i>How is your sex life?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
17. Dependents <i>Do you have any dependents, e.g. children under 18?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
18. Basic Education <i>Do you have any difficulty in reading, writing or understanding English?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
19. Digital communication <i>Do you have a phone and access to the internet?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
20. Transport <i>How do you find using the bus, tram or train?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
21. Money <i>How do you find budgeting your money?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
22. Benefits <i>Are you getting all the money you are entitled to?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>