**Camberwell Assessment of Need Short Appraisal Schedule - CANSAS**

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| User / Client name: |  |
| Date of Assessment: |  |
| Name of Assessor: |  |

Need rating:

0 = no problem 1 = met need 2 = unmet need 9 = not known

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| --- | --- |
| 1. **Accommodation**   What kind of place do you live in? |  |
| 1. **Food**   Do you get enough to eat |  |
| 1. **Looking after the home**   Are you able to look after your home? |  |
| 1. **Self-care**   Do you have problems keeping clean & tidy? |  |
| 1. **Daytime Activities**   How do you spend your day? |  |
| 1. **Physical Health**   How well do you feel physically? |  |
| 1. **Psychotic symptoms**   Do you ever hear voices or have problems with your thoughts? |  |
| 1. **Information on condition & treatment**   Have you been given clear information about your medication? |  |
| 1. **Psychological Distress**   Have you recently felt very sad or low? |  |
| 1. **Safety to Self**   Do you ever have thoughts of harming yourself? |  |
| 1. **Safety to Others**   Do you think you could be a danger to other people’s safety? |  |
| 1. **Alcohol**   Does drinking cause you any problems? |  |
| 1. **Drugs**   Do you take any drugs that aren’t prescribed? |  |
| 1. **Company**   Are you happy with your social life? |  |
| 1. **Intimate Relationships**   Do you have a partner? |  |
| 1. **Sexual Expression**   How is your sex life? |  |
| 1. **Childcare**   Do you have any children under 18? |  |
| 1. **Basic Education**   Any difficulty in reading, writing or understanding English? |  |
| 1. **Telephone**   Do you know how to use a telephone? |  |
| 1. **Transport**   How do you find using the bus, tram or train? |  |
| 1. **Money**   How do you find budgeting your money? |  |
| 1. **Benefits**   Are you getting all of the money you are entitled to? |  |

1. Met Needs – count the number of 1s in the column\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Unmet needs – count the number of 2s in the column\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Total number of needs – Add together A + B\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_