

Needs Assessment for Living on Your Own

This is an easy-to-use worksheet for figuring out those areas in which you need—or may in the future need—some help. For each category:

- *Make an honest assessment of need (left column).*
- *Decide who could help fill that need (center column).*
- *Make notes to help you follow up (right column).*

Transportation to and from doctor's office, church, shopping, etc.

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|---|---|--------------|
| <input type="checkbox"/> a definite need now | <input type="checkbox"/> Family or friend | Notes: _____ |
| <input type="checkbox"/> might be helpful | <input type="checkbox"/> Senior services agency | _____ |
| <input type="checkbox"/> possibly in the future | <input type="checkbox"/> Paid helper | _____ |
| <input type="checkbox"/> not needed | <input type="checkbox"/> Volunteer | _____ |
| | <input type="checkbox"/> Other | _____ |

Doing laundry and keeping up with other housekeeping chores

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|---|---|--------------|
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| <input type="checkbox"/> not needed | <input type="checkbox"/> Volunteer | _____ |
| | <input type="checkbox"/> Other | _____ |

Preparing nutritious meals

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|---|---|--------------|
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| | <input type="checkbox"/> Other | _____ |

Help with activities of daily living, such as dressing, grooming, mobility

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| | <input type="checkbox"/> Other | _____ |

Yard work, such as mowing the lawn, raking leaves, snow removal

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|---|---|--|
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_____ |
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Minor home repairs, such as fixing a leaky faucet, changing light bulbs

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Organizing and paying bills

- | | | |
|---|---|--|
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| | <input type="checkbox"/> Other | |

Companionship—reassurance check-in

- | | | |
|---|---|--|
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| <input type="checkbox"/> not needed | <input type="checkbox"/> Volunteer | |
| | <input type="checkbox"/> Other | |

Other

- | | | |
|---|---|--|
| <input type="checkbox"/> a definite need now | <input type="checkbox"/> Family or friend | <i>Notes:</i> _____

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