



What matters to you – your self-assessment



We have sent you this form because you have been speaking to someone from the adult social care team in Camden



The form lets you tell us about the things you can do and the things you feel you need help with - this will help us to understand the best ways we can support you



When you have filled out the form you can email it to us at

adultsocialcare@camden.gov.uk



or send it to

Adult Social Care, Town Hall,
Judd Street, London WC1H 9JE



When we have your completed form, someone from the team will get in touch with you to arrange a good time for a follow up chat

Camden Care Choices








For information about the types of support that could be available to you, visit




CamdenCareChoices

This information is not in easy read

Your contact details

	full name	
	date of birth	
	phone number	
	email address	
	address	

Your GP

	GP name	
	GP address	
	GP phone number	

Your wellbeing

Complete as much of this next section as you can – your answers will help us to understand the best way to support you



Tell us about the things you enjoy doing and the things that matter to you?

This could be things like seeing family and friends, your pets, baking, playing football or going to the shops
(please tell us here)

How do you complete the following daily activities?

1 Looking after your home – keeping it clean, tidy and warm
(only tick 1 box)



I can do this on my own

I need some help

someone does it for me



Is there anything else you want to tell us about this activity – such as any equipment you use or who helps you with things?
(please tell us here)

2 Staying safe in your home – moving around safely, managing steps, getting in and out of your home
(only tick 1 box)



I can do this on my own

I need some help

someone supports me to do these things



Is there anything else you want to tell us about this activity – such as any equipment you use or who helps you with things?
(please tell us here)

3 Having the food and drink you like to stay healthy – shopping, preparing food, cooking, eating, drinking and medication
(only tick 1 box)



I can do this on my own

I need some help

someone supports me to do these things



Is there anything else you want to tell us about this activity – such as any equipment you use or who helps you with things?
(please tell us here)

4 Going to the toilet

(only tick 1 box)



I can do this on my own

I need some help

someone supports me to do this



Is there anything else you want to tell us about this activity – such as any equipment you use or who helps you with things?

(please tell us here)

5 Keeping yourself clean – personal hygiene and washing

(only tick 1 box)



I can do this on my own

I need some help

someone supports me to do this



Is there anything else you want to tell us about this activity – such as any equipment you use or who helps you with things?

(please tell us here)

6 Getting dressed

(only tick 1 box)



I can do this on my own

I need some help

someone supports me to do this



Is there anything else you want to tell us about this activity – such as any equipment you use or who helps you with things?

(please tell us here)

7 Making and staying in touch with friends and family

(only tick 1 box)



I can do this on my own

I need some help

someone supports me to do this



Is there anything else you want to tell us about this activity – such as any equipment you use or who helps you with things?

(please tell us here)

8 Parenting or caring responsibilities

(only tick 1 box)



I can do this on my own

I need some help

someone supports me to do this

I don't have any parenting or caring responsibilities



Is there anything else you want to tell us about this activity – such as any equipment you use or who helps you with things?

(please tell us here)

9 Using services and doing activities in the community

(only tick 1 box)



I can do this on my own

I need some help

someone supports me to do this

I'm not interested in doing this



Is there anything else you want to tell us about this activity – such as any equipment you use or who helps you with things?

(please tell us here)

10 Work, training, education or volunteering

(only tick 1 box)



I can do this on my own

I need some help

someone supports me to do this

I'm not interested in doing this









Is there anything else you want to tell us about this activity – such as any equipment you use or who helps you with things? (please tell us here)





Are there any other activities that you find harder to do now than you used to?
(please tell us here)



Do you have any health issues that affect your wellbeing?
(please tell us here)

	<p>What support do you get now? This could be support you get from other people that you have not already mentioned, such as neighbours, friends, family or a local organisation (please tell us here)</p>
	<p>Have you tried to get support from other places before getting in touch with us? (only tick 1 box) ✔</p>
	<p>yes</p>
	<p>no</p>
	<p>not sure</p>
	<p>If you ticked yes, tell us who or where from (please tell us here)</p>

You do not have to answer the following questions

 	<p>If you do answer the following questions it will help us to</p> <ul style="list-style-type: none"> • understand more about you • have a better understanding of the people who use our services • make our services even better and fairer in the future
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About you

What is your ethnic group? (only tick 1 box)




	asian	
	black	
	mixed	
	white	
	other	


What is your religion, if you have one? (only tick 1 box)

						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						other

What is your first language?

	(please tell us here)
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Do you have any other communication needs?

	(please tell us here)
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Do you go to work? (only tick 1 box)



yes

no

I am unable to work

I am retired

What is your sexual orientation? (only tick 1 box)



bisexual

gay or lesbian

straight or heterosexual

prefer not to say



something else

(please tell us here)

What is your gender? (only tick 1 box)



I am female



I am male



I am non-binary



I would rather not say



something else

(please tell us here)

Confidentiality and your personal information



Camden looks after your personal information very carefully



We follow the Government's rules about storing and sharing personal information



We only share your information with other people when

- the rules say we can
- or
- you have said we can
- or
- you or other people may be at risk of harm if we do not



If you want to know more about how we use your personal information go to



[easy read adult social care privacy notice](#)

<https://camdencarechoices.camden.gov.uk/media/5c1gbuqb/asc-privacy-notice-new-your-information-201023.pdf>

This information is in easy read

Thank you for filling out this form