



SHORT NEEDS ASSESSMENT FOR VETERANS' AFFAIRS SERVICES

Service Number: _____ **Surname:** _____ **First Names:** _____

DOB: _____ **VA Case Number:** _____ **Operational Service:** (e.g. WW2, Korea, Bosnia): _____

1. In the past 30 days how much difficulty did you have in (circle the applicable box):

Managing your garden?	None	Mild	Moderate	Severe	Extreme or cannot do
Keeping on top of household chores?	None	Mild	Moderate	Severe	Extreme or cannot do
Standing for half an hour?	None	Mild	Moderate	Severe	Extreme or cannot do
Walking a long distance such as a kilometre?	None	Mild	Moderate	Severe	Extreme or cannot do
Shopping and meal preparation?	None	Mild	Moderate	Severe	Extreme or cannot do
Getting out to see friends and family?	None	Mild	Moderate	Severe	Extreme or cannot do

2. Do you live alone? Yes/No

3. Are you currently employed? Yes/No If Yes - Occupation?: _____

4. What activities do you struggle with at home?

5. How do you currently manage these activities at present?

6. Do you have any support or services already in place helping to maintain your independence in your home?

7. Please explain what support or service you feel you need in order to maintain your independence in your home?

Veteran's Signature: _____ **Date:** _____ **Phone:** _____

Address: _____

Email: _____