

# **CANSAS-P**

## **Camberwell Assessment of Need - Patient**

**Purpose :** Questionnaire for the assessment of health and social difficulties

**Admin time :** 10 min.

**User Friendly :** High to moderate

**Administered by :** Self-administered, or completed by carer.

**Content :**

two-page version of CANSAS intended for self-completion by service users. It assesses the service user's perceptions about their needs in each of the 22 CAN domains

**Author :**

CAN 1st edition : Slade M, (1995), Book form (1999)

CAN 2nd edition : Slade M, (2020) :

CANSAS : Hoe J, (2021)

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**Translation :**

**Translated** into 30+ languages



<https://www.cgakit.com/can>

**Camberwell Assessment of Need Short Appraisal Schedule –  
Patient (CANSAS-P) 2<sup>nd</sup> 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**

	<i>No need</i>	<i>Met need</i>	<i>Unmet need</i>	<i>I don't want answer</i>
<b>1. Accommodation</b> <i>What kind of place do you live in?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
<b>2. Food</b> <i>Do you get enough to eat?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
<b>3. Looking after the home</b> <i>Are you able to look after your home?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
<b>4. Self-care</b> <i>Do you have problems keeping clean and tidy?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
<b>5. Daytime activities</b> <i>How do you spend your day?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
<b>6. Physical Health</b> <i>How well do you feel physically?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
<b>7. Psychotic symptoms</b> <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"/>
<b>8. Information on condition and treatment</b> <i>Have you been given clear information about your medication?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
<b>9. Psychological distress</b> <i>Have you recently felt very sad or low?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
<b>10. Safety to self</b> <i>Do you ever have thoughts of harming yourself?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
<b>11. Safety to others</b> <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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	No need	Met need	Unmet need	I don't want answer
<b>12. Alcohol</b> <i>Does drinking cause you any problems?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
<b>13. Drugs</b> <i>Do you take any drugs that aren't prescribed?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
<b>14. Company</b> <i>Are you happy with your social life?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
<b>15. Intimate relationships</b> <i>Do you have a partner?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
<b>16. Sexual Expression</b> <i>How is your sex life?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
<b>17. Dependents</b> <i>Do you have any dependents, e.g. children under 18?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
<b>18. Basic Education</b> <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"/>
<b>19. Digital communication</b> <i>Do you have a phone and access to the internet?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
<b>20. Transport</b> <i>How do you find using the bus, tram or train?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
<b>21. Money</b> <i>How do you find budgeting your money?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
<b>22. Benefits</b> <i>Are you getting all the money you are entitled to?</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>