

Name: _____ Main ID: _____ Discussion held with: _____

RAS Tool Questions

Age band:	Under 18	<input type="checkbox"/>	18 to 24	<input type="checkbox"/>	25 to 34	<input type="checkbox"/>	35 to 44	<input type="checkbox"/>	45 to 54	<input type="checkbox"/>
	55 to 64	<input type="checkbox"/>	65 to 74	<input type="checkbox"/>	75 to 84	<input type="checkbox"/>	85 to 94	<input type="checkbox"/>	95 or older	<input type="checkbox"/>

Supporting the person in explaining their situation

If the person has a sensory impairment, how does this affect their independence?

Including hypersensitivity.

Does not apply	<input type="checkbox"/>
Largely unaffected by impairment	<input type="checkbox"/>
Impairment causes mild restrictions	<input type="checkbox"/>
Impairment causes significant restrictions	<input type="checkbox"/>
Impairment causes major restrictions	<input type="checkbox"/>
Impairment severely limits life	<input type="checkbox"/>

Social relationships and community activities

Attending appointments in the community – is the person independent?

For example, with their GP or at hospital, or to collect medication.

Yes No

Maintaining relationships and engaging in leisure, cultural or spiritual activities – level of independence:

Manages independently	<input type="checkbox"/>	Manages with one-to-one support	<input type="checkbox"/>
Manages with support to get there independently.	<input type="checkbox"/>	Manages with two-to-one support (or more)	<input type="checkbox"/>
Manages if supported as part of a group	<input type="checkbox"/>	Person needs' means it is not possible.	<input type="checkbox"/>

Maintaining relationships and engaging in leisure, cultural or spiritual activities – what is the impact of social isolation on emotional wellbeing?

No impact or risk	<input type="checkbox"/>	High impact or risk	<input type="checkbox"/>
Low impact or risk	<input type="checkbox"/>	Very high impact or risk	<input type="checkbox"/>
Moderate impact or risk	<input type="checkbox"/>		

Work, training, education and volunteering

Accessing and engaging in work, training, education or volunteering – level of independence:

Manages independently	<input type="checkbox"/>	Manages with two-to-one support (or more)	<input type="checkbox"/>
Manages with support to travel only	<input type="checkbox"/>	Prefers not to participate	<input type="checkbox"/>
Manages if supported as part of a group	<input type="checkbox"/>	Person's needs mean this is not possible (even with support)	<input type="checkbox"/>
Manages with one-to-one support	<input type="checkbox"/>		

Accessing and engaging in work, training, education or volunteering – how often support is needed:

None	<input type="checkbox"/>	Two or three times a week	<input type="checkbox"/>
Less than once a week	<input type="checkbox"/>	Four or five times a week	<input type="checkbox"/>
Once a week	<input type="checkbox"/>	Six or seven times a week	<input type="checkbox"/>

Caring for others

Carrying out caring responsibilities for a child – how often is support needed?

None	<input type="checkbox"/>	Two or three times a week	<input type="checkbox"/>
Less than once a week	<input type="checkbox"/>	A little support on most or all days	<input type="checkbox"/>
Once a week	<input type="checkbox"/>	A lot of support on most or all days	<input type="checkbox"/>

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Home and living situation

Maintaining and cleaning the home – level of independence:

Usually or always manages alone	<input type="checkbox"/>	Usually or always needs someone else to do this	<input type="checkbox"/>
Sometimes manages alone (about half the time)	<input type="checkbox"/>	Usually or always needs two or more people to assist	<input type="checkbox"/>
Usually or always needs someone to prompt or support	<input type="checkbox"/>		

Managing paperwork and finances

Managing day-to-day paperwork – is the person independent?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Managing finances – is the person independent?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Eating healthily and safely

Shopping for food and essentials – is the person independent?

Usually or always manages alone	<input type="checkbox"/>	Usually or always needs someone else to do this	<input type="checkbox"/>
Sometimes manages alone (about half the time)	<input type="checkbox"/>	Usually or always needs two or more people to assist	<input type="checkbox"/>
Usually or always needs someone to prompt or support	<input type="checkbox"/>		

Preparing meals, snacks and drinks – is the person independent?

Usually or always manages alone	<input type="checkbox"/>	Usually or always needs someone else to do this	<input type="checkbox"/>
Sometimes manages alone (about half the time)	<input type="checkbox"/>	Usually or always needs two or more people to assist	<input type="checkbox"/>
Usually or always needs someone to prompt or support	<input type="checkbox"/>		

Preparing meals, snacks and drinks – how often is support needed?

None	<input type="checkbox"/>	Twice a day	<input type="checkbox"/>	Every two to three hours or more	<input type="checkbox"/>
Less than daily	<input type="checkbox"/>	Three times a day	<input type="checkbox"/>		
Once a day	<input type="checkbox"/>	Four times a day	<input type="checkbox"/>		

Eating and drinking – is the person independent?

Usually or always manages alone	<input type="checkbox"/>	Usually or always needs someone else to do this	<input type="checkbox"/>
Sometimes manages alone (about half the time)	<input type="checkbox"/>	Usually or always needs two or more people to assist	<input type="checkbox"/>
Usually or always needs someone to prompt or support	<input type="checkbox"/>		

If someone needs to support the person being fed, how long does the support for this usually take?

Up to 30 minutes	<input type="checkbox"/>	More than 30 minutes	<input type="checkbox"/>	Does not apply	<input type="checkbox"/>
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Personal care

Getting dressed for the day and choosing appropriate clothes to wear – is the person independent?

Usually or always manages alone	<input type="checkbox"/>	Usually or always needs someone else to do this	<input type="checkbox"/>
Sometimes manages alone (about half the time)	<input type="checkbox"/>	Usually or always needs two or more people to assist	<input type="checkbox"/>
Usually or always needs someone to prompt or support	<input type="checkbox"/>		

Getting undressed at the end of the day – is the person independent?

Usually or always manages alone	<input type="checkbox"/>	Usually or always needs someone else to do this	<input type="checkbox"/>
Sometimes manages alone (about half the time)	<input type="checkbox"/>	Usually or always needs two or more people to assist	<input type="checkbox"/>
Usually or always needs someone to prompt or support	<input type="checkbox"/>		

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Managing personal appearance – is the person independent?

This includes washing hands and face, brushing hair and nails, and shaving.

Usually or always manages alone	<input type="checkbox"/>	Usually or always needs someone else to do this	<input type="checkbox"/>
Sometimes manages alone (about half the time)	<input type="checkbox"/>	Usually or always needs two or more people to assist	<input type="checkbox"/>
Usually or always needs someone to prompt or support	<input type="checkbox"/>		

Washing whole body – is the person independent?

This includes taking a bath or shower, washing hair or having a strip wash.

Usually or always manages alone	<input type="checkbox"/>	Usually or always needs someone else to do this	<input type="checkbox"/>
Sometimes manages alone (about half the time)	<input type="checkbox"/>	Usually or always needs two or more people to assist	<input type="checkbox"/>
Usually or always needs someone to prompt or support	<input type="checkbox"/>		

Washing whole body – how often is support needed?

None or less than weekly	<input type="checkbox"/>	Five or six times a week	<input type="checkbox"/>	Three times a day	<input type="checkbox"/>
Once or twice a week	<input type="checkbox"/>	Once a day	<input type="checkbox"/>	Four times a day	<input type="checkbox"/>
Three or four times a week	<input type="checkbox"/>	Twice a day	<input type="checkbox"/>	Every two to three hours or more	<input type="checkbox"/>

Using the toilet and managing continence – is the person independent?

Usually or always manages alone	<input type="checkbox"/>	Usually or always needs someone else to do this	<input type="checkbox"/>
Sometimes manages alone (about half the time)	<input type="checkbox"/>	Usually or always needs two or more people to assist	<input type="checkbox"/>
Usually or always needs someone to prompt or support	<input type="checkbox"/>		

Using the toilet and managing continence – how often is support needed?

None	<input type="checkbox"/>	Twice a day	<input type="checkbox"/>	Every two to three hours or more	<input type="checkbox"/>
Less than daily	<input type="checkbox"/>	Three times a day	<input type="checkbox"/>		
Once a day	<input type="checkbox"/>	Four times a day	<input type="checkbox"/>		

Moving around the home

Managing transfers – is the person independent?

This might include between places such as bed, chair and toilet.

Usually or always manages alone	<input type="checkbox"/>	Usually or always needs someone else to do this	<input type="checkbox"/>
Sometimes manages alone (about half the time)	<input type="checkbox"/>	Usually or always needs two or more people to assist	<input type="checkbox"/>
Usually or always needs someone to prompt or support	<input type="checkbox"/>		

Can the person bear their own weight or assisted by someone to help them transfer?

Yes No

To what extent does the person's weight, frame, balance or strength affect their mobility?

For example, if they are overweight, underweight or frail.

There is no effect	<input type="checkbox"/>	There is a minor effect (getting around takes a little longer)	<input type="checkbox"/>	There is a major effect (getting around takes a lot longer)	<input type="checkbox"/>
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Staying comfortable and repositioning – is the person independent?

Usually or always manages alone	<input type="checkbox"/>	Usually or always needs someone else to do this	<input type="checkbox"/>
Sometimes manages alone (about half the time)	<input type="checkbox"/>	Usually or always needs two or more people to assist	<input type="checkbox"/>
Usually or always needs someone to prompt or support	<input type="checkbox"/>		

Health conditions and disabilities that affect the person's well-being

Mark up to two disabilities, impairments or conditions that have a significant effect on well-being:

None known	<input type="checkbox"/>	Depression or anxiety	<input type="checkbox"/>	Parkinson's disease	<input type="checkbox"/>
Acquired physical injury	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Severe mental illness	<input type="checkbox"/>

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Arthritis	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Stroke
Asperger's or High Functioning Autism	<input type="checkbox"/> Head injury (inc. Acquired brain injury)	<input type="checkbox"/> Substance misuse
Autism	<input type="checkbox"/> Hearing impairment	<input type="checkbox"/> Visual impairment
Cancer	<input type="checkbox"/> HIV or Aids	<input type="checkbox"/> Other learning, developmental or intellectual disability
Cardiac condition	<input type="checkbox"/> Learning disability	<input type="checkbox"/> Other mental health condition
Cerebral Palsy	<input type="checkbox"/> Migraine (frequent or chronic)	<input type="checkbox"/> Other neurological condition
COPD or respiratory condition	<input type="checkbox"/> Motor Neurone Disease	<input type="checkbox"/> Other physical impairment, illness or injury
Dementia (inc. Alzheimer's)	<input type="checkbox"/> Multiple Sclerosis	<input type="checkbox"/> Other sensory impairment

Medication

Taking or applying medication – is the person independent?

Manages independently	<input type="checkbox"/>	Needs a carer or nurse to administer	<input type="checkbox"/>
Manages with a reminder or alert system	<input type="checkbox"/>	Needs a specifically-trained carer or nurse to administer	<input type="checkbox"/>
Manages with someone present to supervise	<input type="checkbox"/>		

Taking or applying medication – how often is support needed?

None	<input type="checkbox"/>	Twice a day	<input type="checkbox"/>	Every two to three hours or more	<input type="checkbox"/>
Less than daily or as needed	<input type="checkbox"/>	Three times a day	<input type="checkbox"/>		
Once a day	<input type="checkbox"/>	Four times a day	<input type="checkbox"/>		

Mental well-being

How much difficulty does the person have with remembering people or things or finding their way around?

Little or no difficulty with memory or finding their way around	<input type="checkbox"/>
Mild difficulties with memory or finding their way around	<input type="checkbox"/>
Significant difficulties with memory or finding their way around	<input type="checkbox"/>
Severe difficulties with memory or finding their way around	<input type="checkbox"/>
Very severe difficulties with memory or finding their way around	<input type="checkbox"/>

Can the person plan and make decisions about their daily life?

Independent with planning and making decisions	<input type="checkbox"/>
Mostly independent with planning and making decisions	<input type="checkbox"/>
Partial ability to plan and make decisions	<input type="checkbox"/>
Limited ability to plan and make decisions	<input type="checkbox"/>
Cannot safely plan or make decisions	<input type="checkbox"/>

How is the person's day-to-day emotional well-being?

Emotional well-being is consistently good	<input type="checkbox"/>
Emotional well-being is often good	<input type="checkbox"/>
Emotional well-being is only sometimes good	<input type="checkbox"/>
Emotional well-being is often not good	<input type="checkbox"/>
Emotional well-being is consistently not good	<input type="checkbox"/>

Does the person's behaviour ever worry or upset them, or cause concern to others?

There are no concerns about behaviour	<input type="checkbox"/>
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Behaviour causes minor concern	<input type="checkbox"/>	
Behaviour causes significant concern	<input type="checkbox"/>	
Behaviour causes serious concern	<input type="checkbox"/>	
Behaviour causes constant concern of harm	<input type="checkbox"/>	

Does the person find it challenging to engage with others who are offering support?

This could be due to difficulties with their thinking, emotional well-being or behaviour.

No issues in engaging with support	<input type="checkbox"/>
Needs encouragement to engage with support	<input type="checkbox"/>
Often unable or unwilling to engage with support	<input type="checkbox"/>
Rarely able or willing to engage with support	<input type="checkbox"/>
Completely unable or unwilling to engage with support	<input type="checkbox"/>

Staying safe at home

Staying safe during the day – is the person independent?

Stays safe without any kind of support	<input type="checkbox"/>	Stays safe only if someone is always present within the home	<input type="checkbox"/>
Stays safe with an alarm or alert system only	<input type="checkbox"/>	Stays safe only with constant one-to-one supervision	<input type="checkbox"/>
Stays safe if someone is present at times through the week	<input type="checkbox"/>	Stays safe only with constant two-to-one supervision (or more)	<input type="checkbox"/>
Stays safe if someone is present at times through the day	<input type="checkbox"/>		

Staying safe during the night – is the person independent?

a. Safe without any kind of support	<input type="checkbox"/>	e. Safe alone but need help with 3 tasks per night	<input type="checkbox"/>
b. Safe with an alarm or alert system only	<input type="checkbox"/>	f. Safe only if a person is nearby all night	<input type="checkbox"/>
c. Safe alone but need help with 1 task per night	<input type="checkbox"/>	g. Safe only with 2 or more people near all night	<input type="checkbox"/>
d. Safe alone but need help with 2 tasks per night	<input type="checkbox"/>		

a. Does not apply (can be safe in the home alone)	<input type="checkbox"/>
b. Usually manages through the night without help	<input type="checkbox"/>
c. Needs help once or twice per night	<input type="checkbox"/>
d. Needs a little help 3 or 4 times per night	<input type="checkbox"/>
e. Needs substantial help 3 or 4 times a night	<input type="checkbox"/>
f. Needs substantial help all/nearly all night	<input type="checkbox"/>

Support from unpaid family, friends or volunteers (during a typical week)

All answers in this section should be based on a typical week.

Will the person receive any ongoing unpaid support from family, friends or volunteers? Yes No

Care and support tasks (ongoing support)

With which of these care and support tasks will unpaid family members, friends or volunteers help

Getting dressed or undressed	<input type="checkbox"/>	Preparing meals	<input type="checkbox"/>
Washing or managing personal hygiene	<input type="checkbox"/>	Preparing snacks or drinks	<input type="checkbox"/>
Using the toilet or managing continence	<input type="checkbox"/>	Helping with eating or drinking	<input type="checkbox"/>
Taking or applying medication	<input type="checkbox"/>		

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How many mornings per week will they help with the relevant tasks selected above?

Seven Six Five Four Three Two One None

Person manages without any support at this time A relative or friend will be second carer where two are needed

How many daytimes per week will they help with the relevant tasks selected above?

Seven Six Five Four Three Two One None

Person manages without any support at this time A relative or friend will be second carer where two are needed

How many evenings per week will they help with the relevant tasks selected above?

Seven Six Five Four Three Two One None

Person manages without any support at this time A relative or friend will be second carer where two are needed

How many nights per week will they meet the person's identified night time needs?

Seven Six Five Four Three Two One None

Person manages without any support at this time A relative or friend will be second carer where two are needed

Day-to-day tasks (ongoing support)

With which of these day-to-day tasks will unpaid family members, friends or volunteers help?

Maintaining and cleaning the person's home Managing paperwork and finances

Shopping for food and essentials

Managing and attending appointments

Other ongoing support

Social or recreational activities – how many times per week are unpaid family members, friends or volunteers able to spend time supporting the persons social needs?

Six or seven Four or five Two or three One None

Person manages without any support A relative or friend will be second carer where two are needed

Work, training, education or volunteering – times per week that unpaid family members, friends or volunteers will help:

Six or seven Four or five Two or three One None

Person manages without any support or this does not apply A relative or friend will be second carer where two are needed

Emotional needs – amount of help unpaid family members, friends or volunteers will provide:

A lot of support on most or all days Once a week or less often

A little support on most or all days None

Two or three times a week Person manages without any support or this does not apply

Childcare needs – amount of help unpaid family members, friends or volunteers will provide:

A lot of support on most or all days Once a week or less often

A little support on most or all days None

Two or three times a week Person manages without any support or this does not apply

If the person cannot spend time safely alone – how often will unpaid family members, friends or volunteers be with them?

Does not apply as the person can spend time safely alone

All of the hours they are awake

Almost all of the hours they are awake

Most of the hours they are awake

About half of the hours they are awake

About a quarter of the hours they are awake

A small portion of the hours they are awake

None of the hours they are awake

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A relative or friend will be second carer where two are needed

Sustaining support from unpaid carer(s)
Only to be completed if the person has an unpaid carer.

Effect of providing care and support on the independence of the person's main carer:

- There are no restrictions on their independence
- There are minor restrictions on their independence
- There are significant restrictions on their independence
- There are severe restrictions on their independence
- There are very severe restrictions on their independence

Does the main carer need breaks through the year so he or she can continue providing weekly support? Yes No

Record of Eligibility

Which of the national eligibility outcomes were found to be eligible by the Local Authority?

- | | | | |
|---|--------------------------|---|--------------------------|
| Making use of necessary facilities or services in the local community | <input type="checkbox"/> | Managing and maintaining nutrition | <input type="checkbox"/> |
| Developing and maintaining family or other personal relationships | <input type="checkbox"/> | Being appropriately clothed | <input type="checkbox"/> |
| Accessing and engaging in work, training, education or volunteering | <input type="checkbox"/> | Maintaining personal hygiene | <input type="checkbox"/> |
| Carrying out any caring responsibilities for a child | <input type="checkbox"/> | Managing toilet needs | <input type="checkbox"/> |
| Maintaining a habitable home environment | <input type="checkbox"/> | Being able to make use of the home safely | <input type="checkbox"/> |

Main reason for needing support (Primary Support Reason):

- | | | | |
|--|--------------------------|--|--------------------------|
| Physical Support – Access and mobility only | <input type="checkbox"/> | Learning Disability Support | <input type="checkbox"/> |
| Physical Support – Personal care support | <input type="checkbox"/> | Mental Health Support | <input type="checkbox"/> |
| Support with memory and cognition | <input type="checkbox"/> | Social Support – Support to carer | <input type="checkbox"/> |
| Sensory Support – Support for visual impairment | <input type="checkbox"/> | Social Support – Substance misuse support | <input type="checkbox"/> |
| Sensory Support – Support for hearing impairment | <input type="checkbox"/> | Social Support – Asylum seeker support | <input type="checkbox"/> |
| Sensory Support – Support for dual impairment | <input type="checkbox"/> | Social Support – Social isolation or other support | <input type="checkbox"/> |

Ongoing living situation

Anticipated (ongoing) living situation

- | | | | |
|--|--------------------------|---|--------------------------|
| Living independently alone | <input type="checkbox"/> | Other – Healthcare residential facility or hospital | <input type="checkbox"/> |
| Living with family or friends (short-term) | <input type="checkbox"/> | Other – Ex-offender (e.g. probation hostel) | <input type="checkbox"/> |
| Living with family or friends (long-term) | <input type="checkbox"/> | Other – Mobile (Gypsy, Traveller, Roma) | <input type="checkbox"/> |
| Living with a live-in care worker | <input type="checkbox"/> | Other – Rough sleeper or squatting | <input type="checkbox"/> |
| Living in sheltered housing or similar | <input type="checkbox"/> | Other – Night shelter or hostel | <input type="checkbox"/> |
| Living in Extracare housing (includes 24/7 on-site care) | <input type="checkbox"/> | Other – Refuge | <input type="checkbox"/> |
| Supported living tenancy (regular staff presence) | <input type="checkbox"/> | Other – Temporary accommodation (local authority) | <input type="checkbox"/> |
| Supported living tenancy (24 hour staff presence) | <input type="checkbox"/> | Other – Prison or other criminal justice facility | <input type="checkbox"/> |
| Living in a registered residential home | <input type="checkbox"/> | Other permanent living situation | <input type="checkbox"/> |
| Living in a registered nursing home | <input type="checkbox"/> | Other temporary living situation | <input type="checkbox"/> |
| Shared lives or Adult placement | <input type="checkbox"/> | | |

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Number of people sharing support in anticipated (ongoing) living situation:

Does not apply (independent living setting)	<input type="checkbox"/>	Supported living – 5 sharing	<input type="checkbox"/>
Supported living – living alone	<input type="checkbox"/>	Supported living – 6 or more sharing	<input type="checkbox"/>
Supported living – 2 sharing	<input type="checkbox"/>	Registered home – less than 5 residents	<input type="checkbox"/>
Supported living – 3 sharing	<input type="checkbox"/>	Registered home – between 5 and 9 residents	<input type="checkbox"/>
Supported living – 4 sharing	<input type="checkbox"/>	Registered home – more than 9 residents	<input type="checkbox"/>

Moving to adulthood

Current education or training situation:

Full-time education or training (16 hours a week or more)	<input type="checkbox"/>	Not in education or training	<input type="checkbox"/>
Part-time education or training (15 hours a week or less)	<input type="checkbox"/>		

If in full time education, are the person's needs being fully met by education services whilst they are there?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Does not apply	<input type="checkbox"/>
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