

NRT (Anonymised)

|               |         |      |
|---------------|---------|------|
| Patient name: | NHS no: | DoB: |
|---------------|---------|------|

| Is this outcome a particular issue for you at this time? | Date | Date | Comments (e.g. actions, referrals, other) | Review date<br>Achieved = 1<br>Not Achieved = 0 |
|--|------|------|---|---|
|--|------|------|---|---|

**PERSONAL COMFORT OUTCOMES**

|  |  |  |  |  |
|--|--|--|--|--|
| <b>1. Personal hygiene and care</b><br><br><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Referred to other prof/service                              |  |  |  |  |
| <b>2. Safety/security</b><br><br><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Referred to other prof/service  |  |  |  |  |
| <b>3. Desired level of household cleanliness and maintenance</b><br><br><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Referred to other prof/service |  |  |  |  |
| <b>4. Emotional well-being</b><br><br><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Referred to other prof/service                                   |  |  |  |  |
| <b>5. Physical health and functioning</b><br><br><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Referred to other prof/service                        |  |  |  |  |

| Is this outcome a particular issue for you at this time?   | Date | Date | Comments (e.g. actions, referrals, other) | Review date<br>Achieved = 1<br>Not Achieved = 0 |
|--|------|------|---|---|
| <b>6. Cognitive skills</b><br><br><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Referred to other prof/service   |      |      |   |   |
| <b>SOCIAL &amp; ECONOMIC OUTCOMES</b>  |      |      |   |   |
| <b>7. Access to paid employment as desired</b><br><br><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Referred to other prof/service                             |      |      |   |   |
| <b>8. Access to training or new skills</b><br><br><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Referred to other prof/service                                 |      |      |   |   |
| <b>9. Access to further/higher education</b><br><br><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Referred to other prof/service                               |      |      |   |   |
| <b>10. Establishing and maintaining social and recreational activities</b><br><br><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Referred to other prof/service |      |      |   |   |

| Is this outcome a particular issue for you at this time?   | Date | Date | Comments (e.g. actions, referrals, other) | Review date<br>Achieved = 1<br>Not Achieved = 0 |
|--|------|------|---|---|
| <b>11. Developing and/or maintaining intimate personal relationships and roles</b><br><br><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Referred to other prof/service |      |      |   |   |
| <b>12. Developing and/or maintaining family relationships and roles</b><br><br><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Referred to other prof/service            |      |      |   |   |
| <b>13. Developing and/or maintaining social relationships and roles</b><br><br><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Referred to other prof/service            |      |      |   |   |
| <b>14. Access to advocacy and/or peer support</b><br><br><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Referred to other prof/service                                  |      |      |   |   |
| <b>15. Contributing to wider community/ies</b><br><br><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Referred to other prof/service                                     |      |      |   |   |

### AUTONOMY OUTCOMES

|   |  |  |  |  |
|---|--|--|--|--|
| <b>16. Access to all areas of the home</b><br><br><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Referred to other prof/service          |  |  |  |  |
| <b>17. Access to locality and wider environment</b><br><br><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Referred to other prof/service |  |  |  |  |
| <b>18. Being able to communicate</b><br><br><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Referred to other prof/service                |  |  |  |  |
| <b>19. Financial security</b><br><br><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Referred to other prof/service                       |  |  |  |  |
| <b>20. Personal decision-making</b><br><br><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Referred to other prof/service                 |  |  |  |  |

|       |              |       |
|-------|--------------|-------|
| Name: | Designation: | Date: |
|-------|--------------|-------|

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