

OCAN Consumer Self-Assessment

Have your own voice heard

This organization uses OCAN to understand your needs. We invite you to complete this brief self-assessment that captures areas of your life where you need support and where things are going well. Completing the self-assessment helps us to focus on services that support the needs you have identified.

You decide what you would like to share

The self-assessment is optional. When completing the self-assessment, you can choose not to respond to questions you're not comfortable with. Your decision on whether or not to complete all or parts of the self-assessment will not change the services you're accessing.

Why we encourage you to complete the Self-Assessment:

- Gives you a voice by capturing your perspective
- Services and supports are directed to areas that are most important to you
- Only respond to questions that you feel comfortable discussing

Name:	
Date of Birth (YYYY-MM-DD):	
Start Date (YYYY-MM-DD):	Completion Date (YYYY-MM-DD):
<p><u>INSTRUCTIONS:</u></p> <p>The self-assessment covers 24 life domains or areas of your life. The following steps will help guide you to complete the assessment. Let your worker know if you need help.</p> <ol style="list-style-type: none"> 1. Read the first life domain in the assessment e.g. (Accommodation) and consider your needs in that area of your life. 2. The questions just beneath the domain are there to help you think about whether this is a problem (area of need) and whether you're getting the help you need. 3. Check off one of the four boxes identifying your need rating in that domain using the definitions below. Notice that one of the boxes you can tick is "<i>I don't want to answer</i>". Feel free to tick this box for any domains you don't feel comfortable answering. 4. You are encouraged to provide comments so your worker can better understand your situation. 5. Following the 24 domains, there are 5 questions. Responding to these questions will capture what's important to you, your strengths and your recovery goals. 	
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 the help I am given	
Unmet Need = this area remains a serious problem for me despite any help I am given	
I Don't Want to Answer = I prefer not to respond	

		No Need	Met Need	Unmet Need	I Don't Want to Answer
1.	Accommodation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Are you happy with the place you live in or has it been a problem (an area of need)? Are you getting the help you need?				
	Comments				
2.	Food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Has getting food that suits your dietary needs been a problem (an area of need)? Are you getting the help you need?				
	Comments				

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 the help I am given					
Unmet Need = this area remains a serious problem for me despite any help I am given					
I Don't Want to Answer = I prefer not to respond					
		No Need	Met Need	Unmet Need	I Don't Want to Answer
3.	Looking After the Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Has keeping your home tidy been a problem (an area of need)? This could include cleaning and laundry. Are you getting the help you need? Comments				
4.	Self-Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Has maintaining your personal hygiene been a problem (an area of need)? This could include challenges accessing or using products/facilities. Are you getting the help you need? Comments				
5.	Daytime Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Have daytime activities been a problem (an area of need)? This could include work, education or leisure activities. Are you getting the help you need? Comments				
6.	Physical Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Has your physical health been a problem (an area of need)? Are you getting the help you need? Comments				
7.	Psychotic Symptoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Have symptoms of psychosis been a problem (an area of need)? These could include feeling like you're being watched or hearing voices that interfere with your daily life? Are you getting the help you need? Comments				
8.	Information on Condition and Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Has understanding your mental health condition and recommended services/treatments been a problem (an area of need)? Are you getting the information you need? Comments				
9.	Psychological Distress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Have symptoms of depression or anxiety been a problem (an area of need)? These could include feelings of sadness or worry that interfere with your daily life. Are you getting the help you need? Comments				
10.	Safety to Self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Have thoughts and/or acts of harming yourself been a problem area (an area of need)? Are you getting the help you need? Comments				

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 the help I am given					
Unmet Need = this area remains a serious problem for me despite any help I am given					
I Don't Want to Answer = I prefer not to respond					
		No Need	Met Need	Unmet Need	I Don't Want to Answer
11.	Safety to Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Have thoughts and/or acts of harming others been a problem area (an area of need)? Are you getting the help you need?				
	Comments				
12.	Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Has alcohol use been a problem (an area of need)? Are you getting the help you need?				
	Comments				
13.	Drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Has drug use been a problem (an area of need)? This could include illicit drugs or misuse of prescription drugs? Are you getting the help you need?				
	Comments				
14.	Other Addictions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Have other addictions been a problem (an area of need)? Other addictions could include gambling, overuse of electronic devices or smoking. Are you getting the help you need?				
	Comments				
15.	Company	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Has your social life been a problem (an area of need)? Are you getting the help you need?				
	Comments				
16.	Intimate Relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Have close personal relationships been a problem (an area of need)? Are you getting the help you need?				
	Comments				
17.	Sexual Expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Have your sex life and sexual health been a problem (an area of need)? Are you getting the help you need?				
	Comments				
18.	Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Has looking after your children been a problem (area of need)? This could include access to child care or parenting. Are you getting the help you need?				
	Comments				

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 the help I am given					
Unmet Need = this area remains a serious problem for me despite any help I am given					
I Don't Want to Answer = I prefer not to respond					
		No Need	Met Need	Unmet Need	I Don't Want to Answer
19.	Other Dependents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Has looking after other dependents been a problem (an area of need)? Other dependents could include elderly parents and pets. Are you getting the help you need?				
	Comments				
20.	Basic Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Has reading, writing or basic math been a problem (an area of need)? Are you getting the help you need?				
	Comments				
21.	Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Has accessing or using a phone or computer been a problem (an area of need)? Are you getting the help you need?				
	Comments				
22.	Transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Has transportation been a problem (an area of need)? This could include getting to and from appointments and daily activities. Are you getting the help you need?				
	Comments				
23.	Money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Has managing your money been a problem (an area of need)? Are you getting the help you need?				
	Comments				
24.	Benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Has accessing the benefits/money you're entitled to been a problem (an area of need)? This could include Ontario Works, Disability Support Program and Drug Benefit. Are you getting the help you need?				
	Comments				

Please write a few sentences to answer the following questions:

What are your strengths and skills?

What are your hopes and goals for the future?

What do you need to accomplish your hopes and goals?

Is spirituality an important part of your life? Please explain.

Is culture (heritage) an important part of your life? Please explain.