



Ontario Common Assessment of Need (OCAN)

Part I: Consumer Self-Assessment

v1.0.1

OCAN Consumer Self-Assessment

➡ Welcome to this opportunity to speak with your own voice

This agency is using OCAN, which helps ensure that your views are a standard and formal part of your discussions with your health worker. It is comprised of 2 parts: your consumer self-assessment and the staff worker assessment questions. We invite you to use this self-assessment to start the conversation with your worker. Your worker will then complete the staff part of OCAN. You have the option to participate in both parts, which will also provide a good place for you to begin your discussions with your worker.

➡ Why we would like you to take this opportunity:

- You won't have to answer more questions every time you deal with another agency because one common set of questions will eventually be used by all agencies.
- Agencies can work with you to better find the right help the first time because it asks a broad set of questions to cover all your needs.
- You can fully discuss your needs. The answers you give will help you and your worker decide what services you will receive, and how to prioritize your goals.
- You can record your comments in every section, as well as your hopes, dreams and goals so that you and your worker can develop a plan to help you get there.

You decide how many of the questions you answer and the amount of time you need to complete it. You can decide whether or not you want some help, and choose this help from a number of options including your worker, family, friends, etc. You also have the option to answer some or all of the questions.

➡ How will my answers be used?

Your answers to the questions in OCAN will be used to help you get the support you need. This information may only be used and shared with other agencies if you say "yes". You can say "no" to sharing information and you can change your mind later on. Saying "no" to sharing will not prevent you from receiving services and support.

- Information collected using the self-assessment belongs to you.
- Sharing that information can be an essential part of getting the services you need.
- You decide how and when your information is used and shared with others.

➡ How do I give my consent?

The agency will provide a consent form with the OCAN. The consent is the place for you to show you want to use OCAN and how you want your answers to be used.

Name:	
Date of Birth:	
Start Date:	Completion Date:
<p><u>INSTRUCTIONS:</u></p> <p>When you have completed this assessment, your worker will have a conversation with you about your needs.</p> <ul style="list-style-type: none"> Please let your worker know if you have completed a Common Assessment in the last six months. Please read the pamphlet provided on how your information will be used. Please ask about any questions you don't understand. <p style="text-align: center;">Please ✓ <u>tick one box</u> in each row (24 in total) using the following key:</p> <p>No Need = this area is not a serious problem for me at all</p> <p>Met Need = this area is not a serious problem for me because of the help I am given</p> <p>Unmet Need = this area remains a serious problem for me despite any help I am given</p>	

		No Need	Met Need	Unmet Need	I don't want to answer
1.	Accommodation What kind of place do you live in?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
	Comments				
2.	Food Do you get enough to eat?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
	Comments				
3.	Looking after the home Are you able to look after your home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
	Comments				
4.	Self-Care Do you have problems keeping clean and tidy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
	Comments				
5.	Daytime activities How do you spend your day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
	Comments				
6.	Physical Health How well do you feel physically?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
	Comments				

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		No Need	Met Need	Unmet Need	I don't want to answer
7.	Psychotic symptoms Do you ever hear voices or have problems with your thoughts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
	Comments				
8.	Information on condition and treatment Have you been given clear information about your medication?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
	Comments				
9.	Psychological distress Have you recently felt very sad or low?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
	Comments				
10.	Safety to self Do you ever have thoughts of harming yourself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
	Comments				
11.	Safety to others Do you think you could be a danger to other people's safety?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
	Comments				
12.	Alcohol Does drinking cause you any problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
	Comments				
13.	Drugs Do you take any drugs that aren't prescribed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
	Comments				
14.	Other Addictions Do you have any other addictions – such as gambling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
	Comments				
15.	Company Are you happy with your social life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
	Comments				

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		No Need	Met Need	Unmet Need	I don't want to answer
16.	Intimate relationships Do you have a partner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
	Comments				
17.	Sexual expression How is your sex life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
	Comments				
18.	Child Care Do you have any children under 18?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
	Comments				
19.	Other dependents Do you have any dependents other than children under 18, such as an elderly parent or beloved pet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
	Comments				
20.	Basic education Any difficulty in reading, writing or understanding English?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
	Comments				
21.	Telephone Do you know how to use a telephone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
	Comments				
22.	Transport How do you find using the bus, streetcar or train?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
	Comments				
23.	Money How do you find budgeting your money?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
	Comments				
24.	Benefits Are you getting all the money you are entitled to?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
	Comments				

Please write a few sentences to answer the following questions:

What are your hopes for the future?

What do you think you need in order to get there?

How do you view your mental health?

Is spirituality an important part of your life?

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