		FOR OFFICE USE ONLY
SECTION A : DEMOGRAPHIC DATA		□□□ 1-3
1. Home Language		
English	1	
Afrikaans	2	
Zulu	3	
Xhosa	4	
Sesuthu	5	
Other (specify)	6	4
2. Gender		
Male	1	
Female	2	
3.Age		
0 - 20	1	
21 - 40	2	
41 - 60	3	
61 +	4	6
4. Marital Status		
Married	1	
Separated	2	
Widowed	3	
Never Married	4	
Divorced	5	
Marriage Annulled	6	7
5. Religious Affiliation		

Lutheran	1	
Dutch Reformed	2	
Presbyterian	3	
None	4	
Zion	5	
Anglican	6	
Roman Catholic	7	
Other (specify)	8	8
6. Citizenship		
South African	1	
Other (specify)	2	9
7. Home Area		
Town	1	
Village	2	
Village	2	10
Village	2 3	10
Village Farm Township	2 3	10
Village Farm Township  8. Educational Level	2 3 4	10
Village Farm Township  8. Educational Level None	2 3 4	10
Village Farm Township  8. Educational Level None Grade 1 - 5	2 3 4	10
Village Farm Township  8. Educational Level None Grade 1 - 5 Grade 6 - 8	2 3 4 1 2 3	10
Village Farm Township  8. Educational Level None Grade 1 - 5 Grade 6 - 8 Grade 9 - 12	2 3 4	10
Village Farm Township  8. Educational Level None Grade 1 - 5 Grade 6 - 8 Grade 9 - 12 High School Graduate	2 3 4 1 2 3 4 5	10

Four year College Degree	9	
Graduate Degree (master's)	10	
Graduate Degree (doctorate)	11	11
9. Number of Dependants		
Self only	1	
One	2	
Two	3	
Three	4	
Four		
Five or more		12
10. Living Arrangements		
Living Alone	1	
Living with Parents	2	
Living with one or both parents	3	
(including step parents)		
Living with non relatives	4	
Other (specify)	5	13
11. Income Sources		
Earnings	1 = yes 2 = no	14
Interest	1 = yes 2 = no	15
Rent	1 = yes 2 = no	16
Dividends	1 = yes 2 = no	17
Disability Benefits	1 = yes 2 = no	18
Family	1 = yes 2 = no	19
Friends	1 = yes 2 = no	20

Social Security	1 = yes 2 = no	21
Workman's compensation	1 = yes 2 = no	22
Public assistance	1 = yes 2 = no	23
12. Income Category		
Less than R100 per month	1	
R100 - R500 per month	2	
R501 - R1000 per month	3	
R1001 - R3000 per month	4	
More than R3000 per month	5	24
13. Work Status		
Employed outside the home	1	
Competitive labour market	2	
Sheltered workshop	3	
Employed, home	4	
Student	5	
Retired	6	
Domestic	7	25
14. Previous Occupation		
Professional	1	
Technical	2	
Labourer	3	
Semi-professional	4	
Non-technical	5	
Other (specify)	6	26

15. Current Employment Services		
Vocational Rehabilitation Services	1	
Home bound	2	
Other (specify)	3	27
16. Sources of transport		
Private automobile	1	
Public	2	
Own transport	3	
Donkey cart	4	
Bicycle	5	
None	6	28
17. Main Caregivers		
Self	1	
Family member	2	
Full - time attendant	3	
Part - time attendant	4	29
18. How many employers have you worked for in t	he past?	
Nil	1	
One	2	
Two	3	
Three	4	
More than five	5	
Do not know	6	30
19. Type of Dwelling		

House		1	
Flat		2	
Room		3	
Shack		4	
Other (specify	/)	5	31
SECTION B:	Needs of the mentally retarded p	eople.	
DIRECTIONS	S: Please choose the response that n	nost clearly describes	
	your answer to the question regarding	ng your present need.	
	Complete only the applicable block	with the applicable score.	
	"Assistance means that the person	must be helped, but	
	that he is able to do part of the skill	on his own."	
	"Dependant means that the person	is not able to even	
attempt a life skill on his own not even in a limited way. Others			
need to do it on his behalf for him."			
"Supervision" means that a person needs instructions,			
encouragement and check-ups as to when to perform certain			
	life skills that he can do for himself.		
BASIC PHYS	SIOLOGICAL / PHYSICAL NEEDS		
1. How can y	ou describe your current health s	tatus?	
Poor		1	
Fair		2	
Satisfactory		3	
Good		4	
Excellent		5	32
2. Do you ha	ve problems with vision?		
Normal vision	and requires no assistance	1	

Glasses and able to take care of glasses independently	2	
Strabismus but able to function independently	3	
Needs glasses but not able to take care of glasses	4	
Poor vision and requires assistance	5	
Blind	6	33
3. How do you rate your hearing?		
Normal	1	
Hearing aid and functions independently	2	
Hard of hearing	3	
Hearing aid and dependent of care	4	
Deaf	5	
Unable to determine because patient lacks comprehens	ion 6	34
4a).Feeding		
Independent and neat	1	
Independent but messy and needs to be supervised so	hat	
food does not land on the floor and patient is underfed	2	
Supervision needed not to overeat, steal from others		
or encouraged to eat if a poor eater or anorexic	3	
Assistance needed (with cutting of meat, spreading of		
bread, holding of cup or finish a plate of food	4	
Fully dependent	5	
Naso - gastric feeding	6	35
(b) COMPLETE A SECOND INDICATOR WHERE		
APPLICABLE		
Diabetic diet	1	
High protein diet	2	

Reducing diet	3	
Regurgitation of food	4	
Soft diet (no teeth or unable to chew)	5	
No salt in diet	6	
Swallowing problems	7	36
5. PERSONAL HYGIENE		
Complete these for face, hand, feet and nail care		
Bath/shower hair and beard care and dressing		
5.1 Care of hands, face and feet (including nail care	e)	
Independent	1	
Supervision needed	2	
Assistance needed	3	
Fully dependent	4	37
5.2 Oral Care		
5.2 Oral Care Independent (need not even be encouraged or reminded)	1	
	1 2	
Independent (need not even be encouraged or reminded)		
Independent (need not even be encouraged or reminded) Supervision needed	2	38
Independent (need not even be encouraged or reminded) Supervision needed Assistance needed	3	38
Independent (need not even be encouraged or reminded) Supervision needed Assistance needed Fully dependent	3	38
Independent (need not even be encouraged or reminded) Supervision needed Assistance needed Fully dependent  5.3 Bath and Shower	2 3 4	38
Independent (need not even be encouraged or reminded) Supervision needed Assistance needed Fully dependent  5.3 Bath and Shower Independent	2 3 4	38
Independent (need not even be encouraged or reminded) Supervision needed Assistance needed Fully dependent  5.3 Bath and Shower Independent Supervision needed	2 3 4	38
Independent (need not even be encouraged or reminded) Supervision needed Assistance needed Fully dependent  5.3 Bath and Shower Independent Supervision needed Assistance needed	1 2 3 4	

Supervision needed	2	
Assistance needed (females may need assistance with		
shaving underarms / legs	3	
Fully dependent	4	40
5.5 Dressing		
Chooses clothing independently and appropriately. Take	s	
care of own cupboard.	1	
Supervision needed	2	
Assistance needed	3	
Fully dependent	4	41
6. Medication		
Uses medication independently as prescribed	1	
Dependent on others to be administered and checked		
that it is used correctly and regularly	2	
Lack of insight into the need for medication, and also		
have to be supervised to ensure that the medication		
is swallowed	3	
Constant monitoring of patient because it is difficult		
to find the correct medication to control the patients		
condition / behavior	4	
Regular blood pressure checks and tests for blood		
levels in the case of certain medication	5	42
No medication	6	
7. Skin care and care of pressure areas		

No care required	1	
Regular precautions need to be made against sunburn	2	
Repositioning of patient at least three times a day	3	
Repositioning of patient at least 4 hourly	4	
Repositioning and turning of patient every 2 hours	5	43
8. Toilet habits - More than one os these aspects m	ay be possible.	
Mark all possibilities		
Comment and complete control of functions	1	
Accidents now and again	2	
Supervision	3	
Needs assistance	4	
Chronic constipation and needs to be monitored	5	
Enuretic and on a programmed	6	
In continent of urine	7	
In the process of toilet training	8	
Deliberate incontinent of urine and feaces at times	9	
Colostomy, catheter or a urostomy	10	
Incontinent of urine and feaces	11	44
1. Social needs		
Communication - Can be a variety		
Normal	1	
Speaks in broken sentences & limited reading and		
writing	2	
No speech but limited reading and writing	3	
Able to speak a few words only	4	
Unable to read and write	5	

Able to indicate needs but has no speech	6	
Poor articulation / speech indistinct	7	
Echolalia	8	
Speech soft and insecure / hesitating	9	
Verbally abusive / swearing	10	
Loud / shouting / screaming		
No communication but recognizes family / staff / others	11	
No communication but responds to touching	12	
No communication but responds with eye contact	13	
No communication at all	14	
Needs must be anticipated by nursing staff or others	15	
Talks constantly / irrelevant & irritates others	16	45
2. Mobility		
Ambulant, independently	1	
Hemiplegia but ambulant	2	
Ambulant but slow and with difficulty. May be unsteady		
Ambulant but slow and with difficulty. May be unsteady and vulnerable to falling or being pushed over	3	
	3	
and vulnerable to falling or being pushed over		
and vulnerable to falling or being pushed over Walking aid		
and vulnerable to falling or being pushed over  Walking aid  Ambulant with difficulty because of contractors,	4	
and vulnerable to falling or being pushed over  Walking aid  Ambulant with difficulty because of contractors, hemiplegia, etc.	5	
and vulnerable to falling or being pushed over  Walking aid  Ambulant with difficulty because of contractors, hemiplegia, etc.  Ambulant with assistance or supervision	<ul><li>4</li><li>5</li><li>6</li></ul>	46
and vulnerable to falling or being pushed over  Walking aid  Ambulant with difficulty because of contractors, hemiplegia, etc.  Ambulant with assistance or supervision  Wheelchair (dependent)	<ul><li>4</li><li>5</li><li>6</li><li>7</li></ul>	46
and vulnerable to falling or being pushed over  Walking aid  Ambulant with difficulty because of contractors, hemiplegia, etc.  Ambulant with assistance or supervision  Wheelchair (dependent)  Bedridden (not able to sit on own)	<ul><li>4</li><li>5</li><li>6</li><li>7</li><li>8</li></ul>	46

independently	1	
Needs more than 15 - 30 minutes of support, super-		
vision, encouragement, instruction per day by		
different staff members or other	2	
Requires 30 - 60 minutes of support per day or		
supervision and assistance to finish activities	3	
Requires more than 60 minutes support / supervision /		
assistance a day	4	47
2.1 Are you satisfied with appearance of your body?	12345	48
2.2 Are you satisfied with your intellectual functioning?	12345	49
2.3 Are you satisfied with the kind of characteristics		
that could be said to describe you?	12345	50
2.4 Are you satisfied with past accomplishments in		
your life?	12345	51
2.5 Are you satisfied with your level of education and		
occupation?	12345	52
Psychological Needs		
1. Mental condition and behavior		
Comprehension queried due to physical lack of		
communication	1	
Memory and comprehension needs reminding / repeating	g	
or support or interpretation to ensure that he was		
understood correctly	2	
Memory and comprehension good - no support needed	3	
Serious loss of memory / lack of comprehension,		
confusion, anti-social behavior, aggression, behavioral		

problems, passivity	4	
Also psychiatric problems	5	53
2. Mention only those which are applicable		
Anorexia, autistic, anxious	1	
Aggressive: verbal / physical, attention seeking, biting		
others, catatonic	2	
Co-operative, demanding, destructive, friendly, helpful	3	
Depressed, feelings of rejection	4	
Hallucinations, hypochondriac	5	
Hyperactive, impatient, instigates trouble, jealous,		
obstinate	6	
Lack of impulse control	7	
Mood swings	8	
Passive, pica	9	
Rocking	10	
Scratching others	11	
Selfish, self-pity	12	
Self-isolating, self-mutilating	13	
Sexually active - form	14	
Substance - alcohol abuse	15	
Suicidal ideation, suicide attempts	16	54
3. Orientation and safety		
Knows his own name and able to find his own way		
around, knows date, day of the week and where he is	1	
Able to find his way around the house but does not		
know the day of the week / date	2	
Restless, wanders away. Has a limited sense of danger		

vulnerable to exploitation and manipulation	3	
Disorientated but does not disturb others. Needs		
to be protected against most types of danger /		
exploitation	4	
Totally disorientated. Wanders off from home and		
unable to find his way back home. Totally dependent		
on others to secure his safety.	5	55
4. Comprehension		
Able to understand and fulfill simple instructions		
and understands the situation and motives of others	1	
Able to understand and fulfill simple / single instruction	2	
Able to comprehend simple & single instructions but		
unable to fulfill any	3	
No comprehension & unable to fulfill any instructions	4	56
5. Rate the following items on a scale 1 - 5 1 = never 2 = hardly ever 3 = sometimes 4 = often 5 = almost all the time		
5.1 I am secure about my physical safety in my		
home environment	12345	57
5.2 I feel secure about special precautions I take		
regarding physical safety	12345	58
5.3 I feel secure about my financial position	12345	59
5.4 I feel secure about meeting expenses of my routine		
medication and supplied	12345	60
5.5 I feel satisfied about my transport plans	12345	61

5.6 I am satisfied with long term plans for my care	1 2 3	4 5	62
5.7 I am satisfied about my present vocational /			
occupational status	1 2 3	4 5	63
Social Needs			
Rate the following on a scale 1 - 5			
3.1 Are you satisfied with the amount of love from			
your family?	1 2 3	4 5	64
3.2 Are you satisfied with the amount of love from			
your friends?	1 2 3	4 5	<u>65</u>
3.3 Are you coping with stress satisfactorily in the			
home life?	1 2 3	4 5	66
3.4 Are you satisfied with your social participation?	1 2 3	4 5	67
3.5 Are you satisfied with your role in the family?	1 2 3	4 5	68
3.6 Are you comfortable asking for help when needed?	1 2 3	4 5	69
3.7 Are you satisfied with your level of sexual fulfillment?	123	4 5	70
3.8 Are you satisfied with the amount of love & affection you give to others?	123	4 5	71
Cultural Needs			
Are you satisfied with family activities and traditions	1	2	72
in which you participate?	yes	no	
Who do you look up to when you are sick? mother family traditional healer temple specify other	2 3 4		73
Have you ever used a home remedy that made you sick	?1 yes	2 no	74
When you are sick, what role do you play? passive	1		75

activ		
Spiritual Needs		
Are you satisfied with the amount of religion in your		
life?	12345	<b>76</b>
Are you satisfied with your own motivational level?	12345	77
Do you believe in god or a supernatural being?	12345	78
Are you satisfied with motivational level of family and		
friends to support your goal?	12345	79
Do you have a satisfactory level of hope in life?	12345	80
Do you have new interests?	12345	81
Are you satisfied with your coping mechanism to		
suffering?	12345	82
Are you satisfied with the amount of strength		
(courage) you have?	12345	83
SECTION C: SUPPORT SYSTEM		
Internal support	1 = yes 2 = no	84
Mother	1 = yes 2 = no	85
Father	1 = yes 2 = no	86
Grandparents	1 = yes 2 = no	87
Other siblings	1 = yes 2 = no	88
Extended family members	1 = yes 2 = no	89
2. External Support		
Friends	1 = yes 2 = no	90
Professional system	1 = yes 2 = no	91
Non-professional system	1 = yes 2 = no	92

3. Advice or help received from rehabilitative care		
Alternative accommodation	1 = yes 2 = no	93
Finance	1 = yes 2 = no	94
Medical and psychiatric matters	1 = yes 2 = no	95
Someone to talk to	1 = yes 2 = no	96
Assertive approach	1 = yes 2 = no	97
Social and leisure activities	1 = yes 2 = no	98
Counseling and support	1 = yes 2 = no	99
None	1 = yes 2 = no	100
4. Source of advice or help		
Professionals	1 = yes 2 = no	101
Friend	1 = yes 2 = no	102
Relative	1 = yes 2 = no	103
Other (specify)	1 = yes 2 = no	104
5. Services required		
Vocational training	1 = yes 2 = no	105
Medical and psychiatric services	1 = yes 2 = no	106
Individual and family counseling	1 = yes 2 = no	107
Legal assistance	1 = yes 2 = no	108
Accommodation	1 = yes 2 = no	109
6. Special needs available in the community		
Social training and employment opportunities	1 = yes 2 = no	110
Living arrangements	1 = yes 2 = no	111
Study opportunities	1 = yes 2 = no	112
None	1 = yes 2 = no	113

Other (specify)	1 = yes 2 = no	114
SECTION D: COMMUNITY RESOURCES		
Please indicate the resources available in your co	mmunity	
1. Counseling Services	1 = yes 2 = no	115
Alternative for woman	1 = yes 2 = no	116
Comprehensive care	1 = yes 2 = no	117
Church social services	1 = yes 2 = no	118
Social department services	1 = yes 2 = no	119
Life educators	1 = yes 2 = no	120
Family counseling services	1 = yes 2 = no	121
Government psychological	1 = yes 2 = no	122
Service center	1 = yes 2 = no	123
Veteran centers	1 = yes 2 = no	124
2. Services for alcohol and drug abuse		
Alcohol anonymous	1 = yes 2 = no	125
Comprehensive care	1 = yes 2 = no	126
Detoxification programmers	1 = yes 2 = no	127
National council on alcoholism	1 = yes 2 = no	128
Narcotics anonymous	1 = yes 2 = no	129
Rehabilitation counseling centers	1 = yes 2 = no	130
3. Education facilities		
Parents in training programmers	1 = yes 2 = no	131
Parents - plus for handicapped	1 = yes 2 = no	132
Vocational / technical school	1 = yes 2 = no	133
Other (specify)	1 = yes 2 = no	134

4. Financial aid		
Department social insurance	1 = yes 2 = no	135
Salvation army	1 = yes 2 = no	136
Red cross services	1 = yes 2 = no	137
Unemployment insurance	1 = yes 2 = no	138
Other (specify)	1 = yes 2 = no	139
5. Employment		
Community service employment programmers	1 = yes 2 = no	140
Local government employment & training center	1 = yes 2 = no	141
Workshops for the mentally handicapped	1 = yes 2 = no	142
Private employment agencies	1 = yes 2 = no	143
Vocational / rehabilitation services	1 = yes 2 = no	144
Other (specify)	1 = yes 2 = no	145
6.Potential resources of help in time of trouble		
6.Potential resources of help in time of trouble Religious beliefs	1 = yes 2 = no	146
-	1 = yes 2 = no 1 = yes 2 = no	146 147
Religious beliefs		
Religious beliefs Family	1 = yes 2 = no	147
Religious beliefs Family Friends	1 = yes 2 = no 1 = yes 2 = no	147
Religious beliefs Family Friends Professionals	1 = yes 2 = no 1 = yes 2 = no 1 = yes 2 = no	147 148 149
Religious beliefs Family Friends Professionals Other (specify)	1 = yes 2 = no 1 = yes 2 = no 1 = yes 2 = no	147 148 149
Religious beliefs Family Friends Professionals Other (specify)	1 = yes 2 = no	147 148 149 150
Religious beliefs Family Friends Professionals Other (specify)	1 = yes 2 = no	147 148 149 150
Religious beliefs Family Friends Professionals Other (specify)	1 = yes 2 = no	147 148 149 150 151 152
Religious beliefs Family Friends Professionals Other (specify)	1 = yes 2 = no  1 = yes 2 = no	147 148 149 150 151 152 153

8. Available human resources in thecommunity		
Community psychiatric nurses	1 = yes 2 = no	156
Social workers	1 = yes 2 = no	157
Psychologists	1 = yes 2 = no	158
Traditional doctors	1 = yes 2 = no	159
Priests	1 = yes 2 = no	160
Other (specify)	1 = yes 2 = no	161
9. Available psychiatric services		
Awareness campaigns	1 = yes 2 = no	162
Transport for individuals	1 = yes 2 = no	163
Crisis interventions	1 = yes 2 = no	164
Mental health promotions	1 = yes 2 = no	165
Other (specify)	1 = yes 2 = no	166
10. Recreational services		
Choir	1 = yes 2 = no	167
Dances	1 = yes 2 = no	168
Soccer / netball	1 = yes 2 = no	169
None	1 = yes 2 = no	170
Other (specify)	1 = yes 2 = no	171
12. Rehabilitation services available		
Workshops	1 = yes 2 = no	172
Halfway house	1 = yes 2 = no	173
Industrial training centers	1 = yes 2 = no	174
Private dwelling	1 = yes 2 = no	175
None	1 = yes 2 = no	176

13. The cause of not being completely happy		
Financial troubles	1 = yes 2 = no	177
One's self	1 = yes 2 = no	178
One's family	1 = yes 2 = no	179
Lack of opportunity	1 = yes 2 = no	180
One's social life	1 = yes 2 = no	181
14. Conditions making it possible to remain in the o	community	
The existence of appropriate employment	1 = yes 2 = no	182
Adequate financial support	1 = yes 2 = no	183
Appropriate accommodation	1 = yes 2 = no	184
Existence of social support systems	1 = yes 2 = no	185
Other (specify)	1 = yes 2 = no	186
15. Problems of daily living		
Stigma	1 = yes 2 = no	187
Lack of information	1 = yes 2 = no	188
Gaps and inadequacies in services	1 = yes 2 = no	189
Other (specify)	1 = yes 2 = no	190
SECTION E: SERVICE NEED		
Which of the following service needs would you re	gard as the most imp	l ortant? I
1. Medical care		
Specific health care	1	
Psychotropic medicine	2	191
2. Counseling needs		
Socialization groups	1	
Self - help group	2	

Group therapy	3	
Alcohol	4	
Drug	5	
Marital / family	6	192
3. Leisure time activities		
Social groups	1	
Recreational activities	2	
Arts / crafts	3	193
4. Financial support		
Public assistance	1	
Food stamps	2	
Government grants	3	194
5. Support to relatives		
Counseling with family members	1	
Support groups for family members	2	195
6. Activities of daily living		
Financial management	1	
Home management	2	
Personal care	3	
Transportation use	4	196
7. Education		
Formal education	1	
Informal education	2	197
8. Appropriate living arrangements		

Own apartment	1	
With parents	2	
With relatives / friends	3	
Group home	4	
Half - way house	5	
With spouse	6	
Supervised co-operative apartment	7	
Independent co-operative apartment	8	198
9. Needs in order of priority		
NB: Having responded to the above question, you	are requested to	
arrange the above needs of priority as you vie	ew them, for	
example 8 = 1 etc.		
Medical care	1 🗆	
Counseling	2	
Leisure time activities	3	
Financial support	4	
Support to relatives	5	
Activities of daily living	6	
Education	7	
Appropriate living arrangements	8	199

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