

Care and Needs Scale (CANS)

Tate (2003/2017)

Date: _____ Client Name: _____ Age: _____ MRN: _____ Assessed by: _____

Needs Checklist: Type of care and support need

	Tick yes or no	CANS LEVEL*	Comments
GROUP A: Requires nursing care and/or support or monitoring of severe behavioural/cognitive disabilities and/or assistance with very basic ADLs:			
1. Tracheostomy management	Yes <input type="checkbox"/> No <input type="checkbox"/>	Circle 7 6 5 4.3	
2. Nasogastric/PEG feeding	Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. Bed mobility (e.g., turning)	Yes <input type="checkbox"/> No <input type="checkbox"/>		
4. Wanders/gets lost	Yes <input type="checkbox"/> No <input type="checkbox"/>		
5. Exhibits behaviours with potential to harm self/others	Yes <input type="checkbox"/> No <input type="checkbox"/>		
6. Difficulty communicating basic needs	Yes <input type="checkbox"/> No <input type="checkbox"/>		
7. Continence	Yes <input type="checkbox"/> No <input type="checkbox"/>		
8. Eating and drinking	Yes <input type="checkbox"/> No <input type="checkbox"/>		
9. Transfers/mobility (incl. stairs and indoor surfaces)	Yes <input type="checkbox"/> No <input type="checkbox"/>		
10. Other (specify):	Yes <input type="checkbox"/> No <input type="checkbox"/>		
GROUP A subtotal ___ / 10			
GROUP B: Requires assistance, supervision, direction and/or cueing for basic ADLs:			
11. Personal hygiene/toileting	Yes <input type="checkbox"/> No <input type="checkbox"/>	4.2	
12. Bathing/dressing	Yes <input type="checkbox"/> No <input type="checkbox"/>		
13. Preparation of light meal/snack	Yes <input type="checkbox"/> No <input type="checkbox"/>		
14. Other (specify):	Yes <input type="checkbox"/> No <input type="checkbox"/>		
GROUP B subtotal ___ / 4			
GROUP C: Requires assistance, supervision, direction and/or cueing for instrumental ADLs and/or social participation:			
15. Shopping	Yes <input type="checkbox"/> No <input type="checkbox"/>	4.1 3 2 1	
16. Domestic incl. preparation of main meal	Yes <input type="checkbox"/> No <input type="checkbox"/>		
17. Medication use	Yes <input type="checkbox"/> No <input type="checkbox"/>		
18. Money management	Yes <input type="checkbox"/> No <input type="checkbox"/>		
19. Everyday devices (e.g., telephone, television)	Yes <input type="checkbox"/> No <input type="checkbox"/>		
20. Transport and outdoor surfaces	Yes <input type="checkbox"/> No <input type="checkbox"/>		
21. Parenting skills	Yes <input type="checkbox"/> No <input type="checkbox"/>		
22. Interpersonal relationships	Yes <input type="checkbox"/> No <input type="checkbox"/>		
23. Leisure and recreation	Yes <input type="checkbox"/> No <input type="checkbox"/>		
24. Employment/study	Yes <input type="checkbox"/> No <input type="checkbox"/>		
25. Other (specify):	Yes <input type="checkbox"/> No <input type="checkbox"/>		
GROUP C subtotal ___ / 11			
GROUP D: Requires supports:			
26. Informational supports (e.g., advice)	Yes <input type="checkbox"/> No <input type="checkbox"/>	3	
27. Emotional supports	Yes <input type="checkbox"/> No <input type="checkbox"/>	2	
28. Other (specify):	Yes <input type="checkbox"/> No <input type="checkbox"/>	1	
GROUP D subtotal ___ / 3			
GROUP E: Does not require supports:			
0			
Sum the total number of items endorsed as YES		<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px; border: 1px solid black;" type="text" value="Enter CANS Level"/>
GROUP A + GROUP B + GROUP C + GROUP D = ___ / 28			

Length of time that client can be left alone?

* The CANS level must be in line with highest group (A, B, C, D) endorsed YES in Needs Checklist (left column)

- 7** Cannot be left alone – needs support 24 hours per day
- 6** Can be left alone for a few hours – needs support 20-23 hours per day
- 5** Can be left alone for part of the day, but not overnight – needs support 12-19 hours per day
- 4** Can be left alone for part of the day and overnight – needs support up to 11 hours per day
Note: there are 3 sub-divisions 4.3, 4.2 and 4.1 that correspond to groups A, B and C respectively in the Needs Checklist.
- 3** Can be left alone for a few days a week – needs support a few days a week
- 2** Can be left alone for almost all week – needs support at least once a week
- 1** Can live alone, but needs intermittent support i.e. less than weekly
- 0** Does not need support – can live in the community, totally independently with or without aids (e.g., hand rails, diary, notebooks) and allowing for the usual kinds of informational and emotional supports the average person uses in everyday life.

Additional relevant information: