# Care and Needs Scale (CANS)

**Tate (2003/2017)**

**Needs Checklist: Type of care and support needed**

<table>
<thead>
<tr>
<th>CANS LEVEL*</th>
<th>Comments</th>
</tr>
</thead>
</table>

### 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 □
   - No □
   - CANS LEVEL: 7

2. **Nasogastric/PEG feeding**
   - Yes □
   - No □
   - CANS LEVEL: 6

3. **Bed mobility (e.g., turning)**
   - Yes □
   - No □
   - CANS LEVEL: 5

4. **Wanders/gets lost**
   - Yes □
   - No □
   - CANS LEVEL: 4.3

5. **Exhibits behaviours with potential to harm self/others**
   - Yes □
   - No □
   - CANS LEVEL: 4

6. **Difficulty communicating basic needs**
   - Yes □
   - No □
   - CANS LEVEL: 3

7. **Continence**
   - Yes □
   - No □
   - CANS LEVEL: 2

8. **Eating and drinking**
   - Yes □
   - No □

9. **Transfers/mobility (incl. stairs and indoor surfaces)**
   - Yes □
   - No □

10. **Other (specify):**
    - Yes □
    - No □

### GROUP A subtotal: / 10

**GROUP B: Requires assistance, supervision, direction, and/or cueing for basic ADLs:**

11. **Personal hygiene/toileting**
    - Yes □
    - No □
    - CANS LEVEL: 4.2

12. **Bathing/dressing**
    - Yes □
    - No □
    - CANS LEVEL: 4.1

13. **Preparation of light meal/snack**
    - Yes □
    - No □
    - CANS LEVEL: 4

14. **Other (specify):**
    - Yes □
    - No □

### GROUP B subtotal: / 4

**GROUP C: Requires assistance, supervision, direction, and/or cueing for instrumental ADLs and/or social participation:**

15. **Shopping**
    - Yes □
    - No □
    - CANS LEVEL: 3

16. **Medication use**
    - Yes □
    - No □
    - CANS LEVEL: 2

17. **Money management**
    - Yes □
    - No □
    - CANS LEVEL: 1

18. **Everyday devices (e.g., telephone, television)**
    - Yes □
    - No □

19. **Transport and outdoor surfaces**
    - Yes □
    - No □

20. **Parenting skills**
    - Yes □
    - No □

21. **Interpersonal relationships**
    - Yes □
    - No □

22. **Leisure and recreation**
    - Yes □
    - No □

23. **Employment/study**
    - Yes □
    - No □

24. **Other (specify):**
    - Yes □
    - No □

### GROUP C subtotal: / 11

**GROUP D: Requires supports:**

25. **Informational supports (e.g., advice)**
    - Yes □
    - No □

26. **Emotional supports**
    - Yes □
    - No □

27. **Other (specify):**
    - Yes □
    - No □

### GROUP D subtotal: / 3

**GROUP E: Does not require supports:**

28. **Other (specify):**
    - Yes □
    - No □

**GROUP E subtotal: / 0

**Sum the total number of items endorsed as YES: GROUP A + GROUP B + GROUP C + GROUP D = / 28**

**Enter CANS Level**

---

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

**Length of time that client can be left alone?**

- 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
- 3 Can be left alone for 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:**

---