

SUPPORT ASSESSMENT LOG

Rate your level of support:

- 0 = None
- 1 = A little
- 2 = Some
- 3 = Moderate Amount
- 4 = A Great Deal

The lower the number the least amount of support desired or felt.

Examples of types of desired support:

1. **Emotional support.** Someone to listen to your concerns, give you encouragement, be understanding, help you with personal, family, or care recipient illness-related worries, etc.
2. **Informational support.** Someone to help you with information about a particular question or concern, identify a resource for you to call, give you a new way of thinking about solving a problem.
3. **Task support.** Help with errands, household tasks, care demands, transportation.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AREA OF DESIRED SUPPORT							

Area of desired support

DESIRED LEVEL OF SUPPORT							
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Total desired support

LEVEL OF SUPPORT YOU FELT *							
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Total support felt

* If you do not rate this at least at a 10, you should seek support if you desire support at a 5 or above.