



RESIDENT STATUS QUESTIONNAIRE

Caretaker's Name: _____

Please take a few minutes to help us understand some of the Resident's Needs. Do not be concerned if some areas do not relate to the resident. This form is just for reference.

HE or SHE:

Walks: independently supervised assisted unable
 with cane with walker other _____

Bathes/Showers: independently supervised assisted unable

Prefers: morning evening bath shower

Eats: independently supervised assisted unable

Dresses: independently supervised assisted unable

Uses Toilet: independently supervised assisted unable

Takes Medicine: independently supervised assisted unable

Uses Phone: independently supervised assisted unable

Eyesight is: good fair poor wears glasses legally blind

Conversation: clear & fluent some word-finding problem
 gets a bit garbled "yes" & "no" only none

other _____

Comprehension for Spoken Language: no problem a little poor
 understands only simple things no understanding

Comprehension for Written Word: no problem limited none

Short Term Memory is: good fair poor none

Long Term Memory is: good fair poor none

Interests and Entertainment: self directed has hobbies needs suggestions
 not interested is social is shy is reclusive
 other _____

Past Hobbies and Interest: _____

Current Hobbies and Interest: _____

Indicate Resident's Interests: Present Past

- Sewing Movies Radio Cooking Play Instrument Needlework
- Music Cards Reading Gardening Woodworking Arts & Crafts
- TV Bingo Games Exercise Athletic Events Public
- Events Checkers Dancing Educational Sports Computers
- Other _____

Has had some problems with: wandering off getting lost following directions
 shouting/swearing other _____

Has Cognitive Impairment: yes no If yes, is aware of it hide is unaware

Shows frustrations or anger by: yelling throwing things crying striking out
 has attacked me or others other _____

Has attempted suicide: yes no If yes, when _____

For additional comments or clarification use extra sheets. THANKS FOR YOUR HELP!