



FAMILY ASSESSMENT

Please check the appropriate box.

ACTIVITY	NEEDS COMPLETE ASSISTANCE	NEEDS SOME HELP	IS ABLE TO DO WITH USE OF DEVICE	INDEPENDENT
Bathing				
Dressing				
Transferring				
Eating / Feeding				
Bowel				
Bladder				
Walking				
Wheeling				
Stairclimbing				
Mobility				
Meal Prep				
Housekeeping				
Laundry				
Money Management				
Transportation				
Shopping				
Using Phone				
Home Maintenance				

Has your family member experienced any of the following behaviors?

Wandering ___Yes___No Aggression___Yes___No Confusion___Yes___No

Please provide a brief description of the participant’s background, family life, education, church/synagogue, hobbies and interests or any information that you feel would be helpful to us while caring for him/her.