

## Activities of Daily Living/Safety Questions

Please check off or circle the best answer to these questions:

Are you able to bathe/shower without assistance?

Yes	No
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Are you able to go to the bathroom without assistance?

Yes	No
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Are you able to dress yourself without assistance?

Yes	No
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Are you able to go shopping without assistance?

Yes	No
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Are you able to use the phone without assistance?

Yes	No
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Are you able to drive a car?

Yes	No
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Are you able to handle and schedule your own medications?

Yes	No
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Are you able to handle your own money and balance your checkbook?

Yes	No
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Does your home have adequate lighting in stairways/hallways?

Yes	No
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Do you have working smoke detectors in your home?

Yes	No
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Do you have a carbon dioxide monitor near your bedroom?

Yes	No
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Do you have an escape plan in case of fire?

Yes	No
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Do you have handrails on stairs inside and outside your home?

Yes	No
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Do you have a mat in your shower to prevent slipping?

Yes	No
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Do you have many throw rugs in your home (these increase the risk of tripping/falling)?

Yes	No
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Have you fallen in the past 6 months?

Yes	No
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Do you have any trouble remembering important things in your life (forgetting where you put your keys doesn't count!)

Yes	No
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Do you have any trouble with your vision that is not corrected by glasses?

Yes	No
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Do you have significant problem with your hearing?

Yes	No
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Please list any other medical providers you see (including dentists, eye doctors, cardiologists, dermatologists, etc):

## Questions About Your Mood

Please check the boxes below that best answer the questions about how you have felt for the past **TWO WEEKS**:

Over the past <b>TWO WEEKS</b> , how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day
Little interest or pleasure in doing things				
Feeling down, depressed, or hopeless				
Trouble falling or staying asleep, or sleeping too much				
Feeling tired or having little energy				
Poor appetite or overeating				
Feeling bad about yourself, or that you are a failure, or have let yourself or your family down				
Trouble concentrating on things, such as reading the newspaper or watching television				
Moving or speaking so slowly that other people could have noticed? Or the opposite, being so fidgety or restless that you have been moving around a lot more than usual				
Thoughts that you would be better off dead or of hurting yourself in some way				

	Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?				