



SCREENING QUESTIONNAIRE

Name: _____

Current Living Arrangement:

Please check all that apply:

- I live: _____ in my own home/apartment
_____ senior housing
_____ with spouse
_____ with friend/significant other
_____ with family members
_____ alone

Care Needed:

Please check all that apply:

1. Bathing

- _____ Preparation/Set up
_____ Getting in/out of shower
_____ Other

2. Ambulation _____ Cane _____ Walker _____ Wheelchair _____ Other

3. Wake up/Get out of bed

- _____ need to be awakened
_____ Help to get out of bed
_____ Dressing/undressing
_____ Fasten clothes
_____ socks/shoes
_____ complete assistance

4. Preparing for bed _____ getting ready _____ getting into bed

5. Incontinence _____ use protective garments _____ need help to change

6. Special Diet

- _____ Diabetic
_____ Low sodium
_____ Low fat
_____ Vegetarian
_____ Other _____

7. Dining

- ___ special utensils
- ___ assistance getting ready
- ___ assistance to get to and from dining room
- ___ likes to sit alone
- ___ likes to sit with others

Concerns about you:

Please list all current physical conditions you have (cancer, hypertension, etc.)

Do you have a doctor caring for any of these conditions? _____

Have you been diagnosed with dementia or Alzheimer's? YES _____ NO _____

Do you have trouble with forgetting things? _____

Are you nervous or anxious around other people? _____

Are you shy about getting to know strangers? _____

What are your favorite foods to eat? _____

What time of the day do usually eat meals and snacks? _____

List any other things you think are pertinent to your caregivers to make this residence your home, a place where you feel very welcome, comfortable and peaceful.

Hearthside Assisted Living
(906) 635-6911

Pennington Home
(906) 647-2380

Merlin Home
(906) 259-7373

Harbor View
(906) 440-3217



United Way of the
Eastern Upper Peninsula