

Functional Abilities / Depression Questionnaire

Patient Name: _____

Date: _____

Functional Abilities Assessment: Please include (✓) if you require assistance with any of the following activities.

- | | | |
|--|--|---|
| <input type="checkbox"/> Eating | <input type="checkbox"/> Preparing meals | <input type="checkbox"/> Moving in and out of bed or chairs |
| <input type="checkbox"/> Bathing | <input type="checkbox"/> Housework | <input type="checkbox"/> Following a prescribed drug regimen |
| <input type="checkbox"/> Dressing | <input type="checkbox"/> Shopping | <input type="checkbox"/> Driving or accessing transportation services |
| <input type="checkbox"/> Grooming | <input type="checkbox"/> Climbing stairs | |
| <input type="checkbox"/> Going to the toilet | <input type="checkbox"/> Communicating with others | |

Please select (✓) the best answer for each of the following questions about home safety.

Yes	No	
		Do you have any hearing difficulty or require hearing aid(s)?
		Are lamp, extension and telephone cords placed out of the flow of traffic?
		Are cords in good condition, out from under rugs and furniture?
		Do extension cords always carry their proper load?
		Are all small rugs and runners slip resistant?
		Are emergency numbers posted on or near telephone?
		Could you access a telephone should you experience a fall that prevents you from standing?
		Are all smoke detectors properly placed and in good working order?
		Are all small stoves and heaters placed where they cannot be knocked over and away from furnishings (furniture, curtains, rugs, etc.?)
		Is wood burning equipment installed properly?
		Do you have an emergency exit plan and alternate exit plan in case of fire?
		Are towels, curtains, and other things that might catch fire located away from the range?

Yes	No	
		Are all extension cords and appliance cords located away from the sink or range areas?
		Are hallways, passageways between rooms, and other heavy traffic areas well lit?
		Are exits and passageways kept clear?
		Are bathtubs and showers equipped with non-skid mats, abrasive strips, or surfaces that are not slippery?
		Do bathtubs and showers have a least one (preferably two) grab bars?
		Are all medicines stored in the containers that they came in and are they clearly marked?
		Is a lamp or light switch within reach of your bed?
		Are ash trays, smoking materials or other fire sources (heaters, hot plates, teapots, etc.) located away from beds or bedding?
		Are heating pads always turned off before going to sleep?
		Is there a telephone close to your bed?
		Are stairs well lighted?
		Do the stair steps allow for secure footing?

Depression Assessment: For each of the following questions, please select (✓) the answer that best represents how you have felt over the past week.

Yes	No	
		Have you dropped many of your activities of interest?
		Do you feel that your life is empty?
		Do you often get bored?
		Are you afraid that something bad is going to happen to you?
		Do you often feel helpless?
		Do you prefer to stay home, rather than going out and doing new things?
		Do you feel you have more problems with memory than most?
		Do you feel pretty worthless the way you are right now?

Yes	No	
		Do you feel that your situation is hopeless?
		Do you think most people are better off than you are?
		Are you basically satisfied with your life?
		Are you in good spirits most of the time?
		Do you feel happy most of the time?
		Do you think it is wonderful to be alive?
		Do you feel full of energy?

Physician Signature: _____