PROJECT LIFESAVER

Search Management Section
Personal Data Questionnaire

This form is designed for Custodial Care Givers to provide, in advance, a certain information that will be useful to Search Teams, should the need arise. Providing the information in advance of the need will allow Search Management Personnel the necessary information more effective search response.

Client: _____
Address: _____
City/State: _____ Zip: _____
Phone: _____
Date Transmitter Placed: _____
Facility/Organization: _____ Phone: _____
Address: _____
Name of person filling out this form: _____

Client's Personal Data

Birthday: _____ Sex: **M** ☐ **F** ☐ Race: _____
Nickname(s): _____
Most recent address: _____
Most recent place of work: _____
Most recent occupation: _____
Name of Spouse: _____ Living ☐ Deceased ☐

Family/Friend Information

Other persons the resident may contact (family, friends, etc.)
Name: _____ Phone: _____
Address: _____

Name: _____ Phone: _____
Address: _____

Physical Description

Height _____ ft ____ in   Weight _____ lbs   Build _____
Hair Color _____   Hair Style _____   Eye Color _____
Complexion _____   Beard ☐ Yes ☐ No   Sideburns ☐ Yes ☐ No
Mustache ☐ Yes ☐ No   Balding ☐ Yes ☐ No   False Teeth ☐ Yes ☐ No

Shape of facial Features: Round / Square / Oval / Other _____
Distinguishing Marks, Scars, Tattoos, etc. Describe) _____
General Appearance

If client does not understand English, what Language is understood? _____
Spoken word only ☐ Yes ☐ No   or Written ☐ Yes ☐ No   Spoken ☐ Yes ☐ No
Does resident wear:
    Glasses? ☐ Yes ☐ No   Contacts? ☐ Yes ☐ No   Sunglasses? ☐ Yes ☐ No
    If yes to any of the above – what style? _____
If client wears glasses or corrective eyewear what degree of vision does he/she have without the
eyewear?   ☐ None   ☐ Poor   ☐ Fair

Personal Data Questionnaire

Does resident wear a hearing aid? ☐ Yes ☐ No   What style? _____
If yes, What type of hearing without Aid?   None / Poor / Fair *(circle one)*
eyewear?   ☐ None   ☐ Poor   ☐ Fair

Health/Psychological Condition

Any known physical handicaps? (describe please) _____

Any known medical problems? (describe please) _____

Medications taken regularly? _____
List any medication using correct name
of drug and dosage being taken. _____
Consequences of *NOT* taking medications? _____

Attending Physician _____   Telephone No. _____
Any Psychological Problems? ☐ Yes ☐ No   Nature _____

If Alzheimer's Disease has been diagnosed, answer the following:

1. Does the client remain oriented to time and person? ☐ Yes ☐ No
   Explain: _____

2. Does the client recognize familiar persons and faces? ☐ Yes ☐ No
   Explain: _____

3. Can the client travel to familiar locations? ☐ Yes ☐ No
   Explain: _____

4. Does the client have deceased knowledge of current events or tend to re-live events in ☐ Yes ☐ No
   his/her life?
   Explain: _____

5. Does the client sometimes clothe himself/herself improperly? ☐ Yes ☐ No
   Example: Putting shoes on the wrong feet, adding underwear over clothing.
   Explain if necessary: _____

6. Does the client remember his/her own name and the names of spouse and or children? ☐ Yes ☐ No
   Explain: _____

7. Are the client's sleep patterns consistent? ☐ Yes ☐ No
   Explain: _____

8. Does the client suffer from frequent personality and emotional changes? ☐ Yes ☐ No
   Explain: _____

9. Does the client suffer from delusions (see imaginary visitors, talk to his/her own ☐ Yes ☐ No
   reflection in the mirror, imagine that their spouse is an imposter, etc.?)
   Explain: _____

10. How good is the client's communication ability? ☐ None ☐ Poor ☐ Fair
    ☐ Good ☐ Excellent

Personal Articles Normally Carried by the Client:

Tobacco Products: ☐ Yes ☐ No Type: _____ Brand: _____
Candy/Gum: ☐ Yes ☐ No Brand: _____
Matches: ☐ Yes ☐ No Lighter: ☐ Yes ☐ No Type: _____
Food Items: _____
Facial tissue or other pocket/purse items: _____

Approximate amount of cash on hand? $ _____
Where normally carried? _____
Handbag: ☐ Purse: ☐ Wallet: ☐ *(select one if applicable)*
Description: _____ Type: _____ Color: _____

Jewelry (*please describe*) _____

Watch *(wrist, pocket, other)* _____
Type: _____ Color: _____ Description: _____

Equipment

Cane/Walker or _____   Hunting/Fishing, etc. _____
(describe)
Other*:* _____

Experience

Familiar with area? ☐ Yes ☐ No   How recently _____ days ☐ months ☐ years ☐
(select one)

If not local, what other areas are known to client? _____

Taken outdoor classes? ☐ Yes ☐ No   Where? _____ When? _____
Taken 1st Aid Training? ☐ Yes ☐ No   Where? _____ When? _____
Involved in Scouting? ☐ Yes ☐ No   Explain: _____
Military Experience? ☐ Yes ☐ No   Where? _____ When? _____

Recreational Outdoor Experience? ☐ Yes ☐ No _____
Overnight Camping Experience? ☐ Yes ☐ No _____

Ever been lost before ☐ Yes ☐ No   Where? _____ When? _____
Located by Searchers or walk out by his/herself? _____
Location Found: _____
Actions Taken: _____
Ever go out alone? ☐ Yes ☐ No   Stay on trails? ☐ Yes ☐ No

General Athletic Interest/Abilities? _____

Personality/Habits

Smoke? ☐ Yes ☐ No   How often? _____ What? _____ Brand _____
Drink Alcohol? ☐ Yes ☐ No   What type? _____ Brand _____
Use Illicit Drugs? ☐ Yes ☐ No   How often? _____ Type _____

Hobbies/Interests: _____

Outgoing ☐ Quiet ☐ *(select one)*   Likes groups ☐ Being alone ☐ *(select one)*

Evidence of Leadership ☐ Yes ☐ No   Explain: _____

Ever been in trouble with the law? ☐ Yes ☐ No   What: _____

Religious faith ☐ Yes ☐ No   What faith? _____

What does client value most? _____

What family member is client closest to? _____ Relation _____

(spouse, sister, etc.)

Where was the client born & raised? _____

(city, state, and county)

Has client received any letter recently? ☐ Yes ☐ No   From Whom? _____

Client afraid of Dogs? ☐ Yes ☐ No   The dark? ☐ Yes ☐ No   Noises? ☐ Yes ☐ No

Horses? ☐ Yes ☐ No   People? ☐ Yes ☐ No   Other *(explain)* _____

What actions taken when hurt? (*cry, shout, etc.*) _____

Will client talk to strangers? ☐ Yes ☐ No

Is the client DANGEROUS to him/herself or others? ☐ Yes ☐ No

Document Completed By:

_____
Name (*Print*)

_____
Signature

_____
Date