Worksheet 7

Functional Information

Name:­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Daily Activities/Typical Day:**

What time do you get up each day?

How do you spend your days?

How many meals a day do you eat? Do you eat regularly? If not, how come?

How do you spend your evenings?

What time do you go to bed? How well do you sleep?

**Functional Area (ADL’s):**

Do you cook? If so, what type of food do you prepare? What is your favorite thing to prepare? When was the last time you prepared that?

Are you able to shop for food to last you a few days? If so, what do you shop for? Do you need assistance or someone to go with you?

What sort of housekeeping do you do when you have your own place? What chores do you find difficult to do? Do you need reminders to do chores?

How often do you bathe or shower? What keeps you from bathing or showering regularly?

Are you able to do laundry? How often do you do your laundry?

Are you able to make a budget and stick to it? Do you need assistance with managing your money? Do you spend money as soon as you get it?

What is your primary mode of transportation?

If homeless, what happened to your last place that you are not living there any longer?

Is there anything that you think regular people do that you find very difficult? Why?

**Social Functioning:**

Do you keep in contact with your family? If no, why not?

How often do you go outside? Do you prefer to be alone or with other people? Why?

How often do you visit people or have people visit you?

Did you have friendships/relationships that you don’t have anymore? How do you feel about that?

What do you do if someone makes you angry?

Do you feel that you avoid being around others? If so, why?

What kind of person/people do you get along with best? Who gives you the most difficulty?

When you worked, did you get along well with co-workers/bosses?

**Functional Area-Concentration:**

Have you noticed a change in your ability to concentrate? What have you noticed?

Have you noticed a change in your memory? What have you noticed? When did you notice these changes?

Would you say that you are easily distracted?

What do you enjoy doing? How often do you do these things?

Do you like to watch TV? What do you watch? Are you able to watch a show for an hour and recall what you just watched shortly after?

How often do you read? What do you like to read? Could you tell me about what you read soon after?

**Functional Area-Repeated Episodes of decompensation:**

Over the last year have you found yourself doing well for a while and then having a hard time that seemed to last? What happened that made things tough?

When these experiences occurred, what happened before and after to make things harder or make things better?

What do you feel you could do to prevent things from getting hard again?

How often do you feel these tough times? Is there anything different about this year from previous or is it what usually happens with you?