

Contra Costa County Sheriff's Search & Rescue Team
Missing Person (MP) Questionnaire/Interview Form/Guideline

(v2 rev. 04/2014)



*NOTE: Use pencil/black ink, print clearly. Avoid confusing phrases/words and unfamiliar abbreviations.
Complete and detail answers for future use. Answer ALL relevant questions, if possible.*

INTERVIEWER: Introduce yourself, background, qualifications and explain purpose and process of the interview.

IMPORTANT: Take breaks during the interview to report important search and planning information to CP.

Complete & report highlighted sections & item #s to CP ASAP.

Check with Search Management for any additional high priority items.

A. INCIDENT INFORMATION

1. Incident Name: _____ 2. Today's date: _____ 3. Time: _____
4. Interviewer(s): _____ 5. Location: _____ 6. Incident number: _____

B. SOURCE(S) INFORMATION

1. Name: _____ 2. How Info received: In Person Phone Other _____
3. Home Address: _____
4. Phone 1: _____ 5. Phone 2: _____ 6. Relationship to MP: _____
7. Where/How to contact now: _____
8. Where/How to contact later: _____
9. What does interviewee believe happened: _____

C. MISSING PERSON INFORMATION

1. Full Name: _____ 2. DOB: _____ 3. Sex: _____
4. Maiden Name: _____ 5. Nicknames: _____ 6. Other AKA's: _____
7. Name to call: _____ 8. Safe/Password: _____ 9. Who Knows Safe/Password: _____
10. Home Address: _____ 11. Zip: _____
12. Local Address: _____ 13. Zip: _____
14. Home Phone: _____ 15. Local Phone: _____ 16. E-mail Address: _____
17. 1st Cell Phone: _____ 18. 1st Cell Carrier: _____ 19. 1st Voice Mail PIN: _____
20. 2nd Cell Phone: _____ 21. 2nd Cell Carrier: _____ 22. 2nd Voice Mail PIN: _____

(Complete Section N with more Cell Phone data)

23. How long lived at this location/area? _____ 24. Previous addresses: _____

25. Facebook/Other Sites: _____ 26. Screen Names/Alias: _____ *(See Section N for Details)*
27. Birthplace: _____ 28. Ethnicity: _____ 29. National Origin: _____
30. Preferred language: _____ 31. Other languages: _____ 32. Spoken under stress (curse): _____
33. Work/Student: _____ 34. Contact Person: _____ 35. Phone: _____
36. Work/School Address: _____
37. Driver's License Number: _____ 38. State: _____ 39. Status (Current/Suspended): _____

D. PHYSICAL DESCRIPTION (Whole Section is High Priority)

1. Height: _____ 2. Weight: _____ 3. Age: _____ 5. Build: _____ 6. Eye Color: _____
 7. Eyewear/Contacts (sunglasses, spares): _____ 8. Eyesight w/out glasses: _____
 9. Hair: Current Color: _____ Natural Color: _____ Length: _____ Style/Binding: _____ Wig: _____
 Bald: _____ Describe: _____
 10. Facial hair: _____ Style/Color _____ Sideburns: _____
 11. Facial features shape: _____ 12. Skin color: _____ Skin tone: _____ Complexion: _____
 13. Color of fingernails: _____ Fake nails: _____ Length of finger nails: _____
 14. Distinguishing marks (scars/moles/tattoos/piercing): _____
 15. Overall Appearance: _____
 16. Photo Available: Yes No Where: _____ Need to be returned: Yes No
 Any differences vs. current appearance: _____
 17. Scent articles available?: Yes No What: _____ Secured?: Yes No
 18. Collected by Whom: _____ 19. Where is scent article now: _____
 20. Comments: _____

E. CLOTHING (Whole Section is High Priority)

	STYLE	COLOR	SIZE	BRAND / OTHER
1. Shirt/Blouse:				
2. Pants (belt/suspenders):				
3. Outerwear: Sweater/Coat				
4. Under wear/socks:				
5. Hat / Head wear:				
6. Rain wear:				
7. Glasses/sunglasses:				
8. Gloves:				
9. Neck ware (scarf/neckerchief/tie):				
10. Other Accessories:				
11. Extra clothing:				
12. Footwear:				
Shoe Sole type: _____ Sample available? <input type="checkbox"/> Yes <input type="checkbox"/> No Where: _____				
13. Purse:				
14. Backpack: (detail info Section L)				

15. Jewelry (and where worn, incl. Medical/Safe Return or Electronic bracelets (see Section N)): _____
 16. Overall coloration as seen from air: _____
 17. Money: Amount: _____ 18. Credit/Debit Cards: _____
 19. Other Documents: _____

F. HEALTH / GENERAL & EMOTIONAL CONDITION

- 1. Overall health: _____
- 2. Overall physical condition: _____
- 3. Known medical/dental problems: _____
- 4. Knowledgeable doctor: _____ 5. Phone: _____
- 6. Medication (Prescriptions and OVC): _____
- 7. Dosages: _____
- 8. What will happen without meds: _____
- 9. What will happen if they OD on meds: _____
- 10. Knowledgeable person: _____ 11. Phone: _____
- 12. Hearing problems: Yes No Hearing aids: Yes No Are they with him/her? Yes No
- 13. Knows Sign language: Yes No _____
- 14. Dentures/Partials: Yes No Dentist: _____ Phone: _____
- 15. Use cane, walker, wheelchair: Yes No _____
- 16. What would happen if lose it or fall down? _____
- 17. Able to walk distances, up/down stairs, around obstructions: Yes No _____
- 18. Known psychological problems: _____
- 19. Knowledgeable person: _____ 20. Phone: _____
- 21. Handicaps/Deformities/Prosthetics: _____
- 22. Emotional/Mental Health History: _____
- 23. Current emotional state: _____
- 24. Any recent depression: _____
- 25. How does MP express depression: (turn in or out) _____
- 26. Desire for "own space": Yes No Spending time alone lately: Yes No _____
- 27. Where does MP go to be alone / to seek solitude: _____
- 28. Any signs of dementia/confusion (*Complete Section T&W*): _____
- 29. Any history of suicidal tendencies (*Complete Sections U*): _____
- 30. Is the subject a danger to themselves or others? _____
- 31. Any specific fears or phobias: _____
- 32. Pain threshold? (low, medium, high, stoic) _____
- 33. How handles heat, cold, weather, darkness? _____
- 34. Comments: _____

G. LAST KNOWN LOCATION / POINT LAST SEEN

- 1. Last seen by whom: _____ 2. Their location now: _____
- 3. Time: _____ 4. Where: _____ 5. Why/how: _____
- 6. Who was last to talk at length with MP: _____
- 7. Where: _____ 8. Subject(s) discussed: _____
- 9. Weather at time: _____ 10. Weather since: _____
- 11. Seen going which way: _____ 12. When: _____
- 13. Reason for leaving: _____
- 14. Attitude (confident, confused, etc.): _____
- 15. MP complaining of and/or voiced concerned about anything: _____
- 16. MP seem tired?: _____ 17. Cold/Hot?: _____ 18. Other?: _____
- 19. Comments: _____

H. SUMMARY OF EVENTS LEADING UP TO AND FOLLOWING MP'S DISAPPEARANCE

- 1. When/How did you find out that he/she was missing? _____
- 2. What have you done to locate him/her? _____
- 3. Anyone see him/her leave? _____
- 4. Which direction was MP headed? _____
- 5. Did MP say where he/she might be going? _____
- 6. Did MP leave any notes? _____
- 7. Did MP take any money, credit cards, ATM, checkbook with them? _____
- 8. What would MP have in pockets/wallet/purse? (ID card, transit card, keys, medications, cell phone, etc.) _____
- 9. Has anything like this (or similar) happened before? Yes No _____
- 10. Describe prior events. Where was MP located last time? _____
- 11. Have you ever had to go out and find him/her? Yes No _____
- 12. Describe the events of the last few hours: _____
- 13. Describe the events of the last few days: _____
- 14. Describe the events of the last few months: _____
- 15. How long ago did MP eat (and what was it)? _____
- 16. Did MP take anything else with them (stuffed animal, favorite toy)? _____
- 17. Does MP keep a diary, journal, blog and/or an address book of friends (or relatives)? Yes No Where is it? _____
- 19. Does MP have own computer? Yes No (Complete detail information in Section N)
- 18. Does MP use any social networks Yes No Passwords? _____ (Complete detail information in Section N)
- 20. Any recent stresses or behavior changes: _____
- 21. Any recent changes in financial situation: _____
- 22. Any recent issues/problems at work: _____
- 23. Actions taken locate MP by family/friends/others: _____
- 24. Results: _____

I. TRIP PLANS OF SUBJECT

1. Started from: _____ 2. Day/Date: _____ 3. Time: _____
4. Going to: _____ 5. Intended route: _____
6. Purpose: _____
7. For how long?: _____ 8. Exit date: _____ 9. Alone? Yes No 10. Group size: _____
11. Done trip before? Yes No 12. Details: _____
13. Transported by whom/means: _____
14. Vehicle now located at: _____ Type: _____ Color: _____ Distinguishing details: _____
15. License #: _____ State: _____ Verified? Yes No By whom: _____
16. Planned return time: _____ 17. From where: _____
18. By whom/what: _____
19. Additional names, cars, licenses, etc. for party: _____
20. Alternate plans/routes/objectives discussed: _____
21. Resources used to plan trip (books/computer/maps/guides): _____ 22. Available: Yes No
23. Discussed plans with whom: _____ 24. When: _____
25. Any animals with the party (horses, dogs) and number: _____
26. Comments: _____

J. OUTDOOR EXPERIENCE

1. Familiar with area: Yes No 2. How Recent: _____ 3. Other: _____
4. Other areas of travel: _____
5. Formal outdoor/survival training / degree: _____
6. Where: _____ 7. When: _____
8. Any 1st aid or medical training: _____ 9. When: _____
10. Scouting experience: _____ 11. When: _____ 12. Where: _____
13. How long: _____ 14. Highest Scout rank: _____ 15. Scout Leader?: Yes No
16. Military Experience?: Yes No 17. What: _____ 18. When: _____ 19. Where: _____
20. Rank: _____ 21. Other: _____
21. Generalized previous experience: _____
22. How much overnight experience: _____
23. Ever lost before: Yes No 24. Where: _____ 25. When: _____
26. Ever go out alone: Yes No 27. Where: _____
28. Tends to stay on trails or cross country: _____
29. How fast does subject hike: _____
30. Athletic/other interests: _____
31. Climbing (technical or free) experience: _____
32. Comments: _____

K. HABITS / PERSONALITY / BEHAVIOR PREFERENCES

1. Smoke? Yes No 2. How Often: _____ 3. What: _____ 4. Brand: _____
5. Alcohol? Yes No 6. How Often: _____ 7. What: _____ 8. Brand: _____
9. Recreational drugs? Yes No 10. How Often: _____ 11. What: _____
12. Favorite foods (gum/candy): _____ 13. Brand: _____ 14. Other: _____
15. Person closest to: _____ 16. In family: _____
17. Other close friends (*list in Section O*). 18. Is MP close to friend's family members Yes No (*list in Section O*)
19. Hitchhike?: Yes No 20. Accepts rides easily: _____
21. Familiar with public transportation: Yes No 22. Does he/she use it? Yes No _____
23. Has bike, skateboard, scooter, roller blades: Yes No Description/location: _____
24. Goes on walks/hikes in area: Yes No 25. Where/favorite path: _____
26. Has good sense of direction: Yes No 27. Likes to explore: Yes No _____
28. Taken trips on own or with friends/relatives: Yes No _____
29. Reaction to strangers/police officers: _____
30. Will respond if called: Yes No _____
31. Knows how to use telephone/ dial 9-1-1: Yes No _____
32. Hobbies/Interests: _____
33. Favorite local places (shopping, parks, play areas, restaurants): _____
34. Describe daily routine: _____
35. Personal habits: (clean, neat, sloppy, dirty, etc.): _____
36. Who chooses MP's clothing & what is his/her response? _____
37. Personality: (outgoing, quiet, gregarious, loner, etc.) _____
38. Evidence of leadership: _____ 39. Give up easy or keep going: _____
40. Any legal or criminal trouble (past / present): _____
41. Any personal problems or violent tendencies: _____
42. Does MP own any weapons: Yes No 43. Are they still in household? Yes No 44. Where: _____
45. What does he/she do for fun? _____
46. Able to swim / tread water: Yes No How long: _____ 47. Attracted to water: Yes No
48. Afraid of any animals or birds: Yes No _____
49. Will he/she chase or try to follow animals? Yes No _____
50. Religious?: Yes No 51. Faith: _____ 52. To what degree: _____
53. Personal values: _____
54. Philosophy: _____
55. Education Highest grade achieved: ____ 56. Current status: _____ 57. College Education: _____
58. School name: _____ 59. Subject/Degree: _____ 60. Year: _____
61. Teachers: _____
62. Local/fictional hero: _____
63. Comments: _____

L. OUTDOOR EQUIPMENT

	STYLE	COLOR	BRAND	SIZE
1. Pack:				
2. Tent:				
3. Sleeping Bag:				
4. Ground Cloth/Pad:				
5. Fishing Equipment:				
6. Climbing Equipment:				
7. Other Equipment:				
8. Light:				
9. Knife:				
10. Camera:				
11. Stove: _____	Fuel: _____	Starter <input type="checkbox"/> Yes <input type="checkbox"/> No	What: _____	
12. Drinking Liquid Container: _____	Liquid Amount: _____	Kind of Liquid: _____		
13. GPS: <input type="checkbox"/> Yes <input type="checkbox"/> No	Compass: <input type="checkbox"/> Yes <input type="checkbox"/> No	14. Map: <input type="checkbox"/> Yes <input type="checkbox"/> No	Of Where: _____	
15. How Competent with GPS/Map/Compass/Orienteering skills: _____				

16. Food: _____

17. Brands: _____

18. Firearms or Bow: Yes No 19. Brand: _____ 20. Model: _____ 21. Holster: _____

22. Ski/Snowboard: Type: _____ Brand: _____ Color: _____ Size: _____

Bindings: _____ Pole: _____ Length: _____

23. How competent: _____

24. Snowshoes: Type: _____ Brand: _____ Color: _____ Size: _____

Bindings: _____ How competent: _____

25. Comments: _____

M. CONTACTS PERSON MIGHT MAKE UPON REACHING CIVILIZATION

1. Full Name: _____ 2. Relationship: _____

3. Address: _____ 4. Zip: _____

5. Phone #: _____ 6. Anyone Home Now: Yes No 7. Answering machine?: Yes No

8. Who has access to messages: _____ Remote password: _____ 8. Checked machine: Yes No

N. ELECTRONIC DEVICES

1. 1st Cell Phone: Type: _____ Model: _____ Provider: _____ Voice Mail PIN/Password: _____
Battery Status: _____ Voice/Text Message Sent: _____ Received: _____

2. 2nd Cell Phone: Type: _____ Model: _____ Provider: _____ Voice Mail PIN/Password: _____
Battery Status: _____ Voice/Text Message Sent: _____ Received: _____

(If cell phone(s) is/are available, check call history & phone book contacts)

3. Satellite Cell Phone: Type: _____ Model: _____ Provider: _____ Voice Mail PIN/Password: _____
Battery Status: _____ Voice/Text Message Sent: _____ Received: _____

4. GPS: Model: _____ Default Setting: _____ Datum: _____ Can Set/Use Waypoints: _____
Battery Status: _____ Download Routes: _____ Computer Available: _____

5. Radio: Model: _____ Freq.: _____ PL Tone: _____ Check Time/Interval: _____
Battery Status: _____

7. Electronic Locator Device: Brand: _____ Freq: _____ Where Worn on Subject: _____
Company contact: _____ RDF or cell phone/GPS: _____ Battery Status: _____

6. Beacon (PLB, ELT, EPERB): Model: _____ Number: _____ Registered: _____
Battery Status: _____ Web Password: _____

7. SPOT type device: Brand: _____ Service Provider _____ Registered to: _____
Last message received: _____ When: _____ By whom: _____
Plan if "Emergency" notice is received: _____

8. Laptop/Computer Model: _____ Location: _____ Password: _____
Battery Status: _____ Screen Name: _____
Recent internet usage, browser history, emails, etc.: _____

9. Tablet Device: Model: _____ Location: _____ Password: _____
Battery Status: _____ Screen Name: _____

10. Does MP use any social networks (Facebook, Twitter, etc.)? Yes No *(list all site and multiple names on same site)*
1st network: _____ User name: _____ Password: _____
List of online friends: _____
Recent logon, status, location tags, blogs and/or comments: _____

11. Are there any CCTV cameras available at the PLS (or residence) Yes No 12. Where can the recordings be obtained: _____

13. Does MP have an, tablet, or laptop with WiFi capability or with a data plan? Yes No 14. What is the associated phone number: _____ 15. What service: _____

16. Does MP use any gaming or animation sites? Yes No 17. What sites: _____
18. What is their user name(s): _____

18. Do they use apps. to locate their phone(i.e. find my phone, find my iPhone, find my friends, etc.): _____

(Note: To preserve batteries on the target devices. Instruct the family and friends not to call the phone unless requested. Utilize text messages from the search team/law enforcement to contact the target device.)

O. FAMILY, FRIENDS AND PRESS RELATIONS

- 1. Next of kin: _____ 2. Relationship: _____
- 3. Address: _____ 4. Zip: _____
- 5. Phone #: _____ 6. Occupation: _____
- 7. Other Family/Friend Contact: _____ 8. Relationship: _____
- 9. Address: _____ 10. Zip: _____
- 11. Phone #: _____ 12. Occupation: _____
- 13. Other Family/Friend Contact: _____ 14. Relationship: _____
- 15. Address: _____ 16. Zip: _____
- 17. Phone #: _____ 18. Occupation: _____
- 19. Other Family/Friend Contact: _____ 20. Relationship: _____
- 21. Address: _____ 22. Zip: _____
- 23. Phone #: _____ 24. Occupation: _____
- 25. Significant family problems: _____
- 26. Family's desire to employ special assistance: _____
- 27. Comments: _____

P. OTHER INFORMATION

- 1. Where do you think he/she might be? _____
- 2. Anything else about MP we should know about or that might help us? _____

Q. GROUPS OVERDUE / DYNAMICS

- 1. Name/Kind of group: _____ 2. Leader: _____
- 3. Experience of group leader: _____
- 4. Address/Phone of knowledgeable person: _____
- 5. Personality clashes within group: _____
- 6. Leader types in group other than leader: _____
- 7. What would MP do if separated from group: _____
- 8. Competitive spirit of group: _____
- 9. Intra-group dynamics: _____
- 10. Comments: _____

Supplemental Questions – Specific Subject Types

R. CHILD / ADOLESCENT SUBJECT

1. Afraid of dark?: Yes No Animals?: Yes No 2. Which ones? _____
3. Feelings toward adults: _____ 4. Strangers: _____
5. Reactions when hurt: _____ 6. Cry: _____
7. Training when lost: _____
8. Active/lethargic/antisocial: _____
9. Does MP act mature or immature for their age? Yes No _____
10. Understand social and personal relationships? Yes No _____
11. Has MP been disciplined lately? Yes No _____
12. How does MP accept punishment (run or stay and take it)? _____
13. Does MP attend school? Yes No 14. Where? _____
15. Grades, attendance, problems? 16. Contact info? _____
17. Teacher's Name and Phone _____
18. How does he/she do in school (grades, get along with the teacher, discipline problems)? _____
- _____
19. Who does MP play with? _____
20. Have you noticed any "strangers" lately? _____
21. MP mentioned any strangers/new people lately? _____
22. Does MP get an allowance? Yes No Able to handle money? Yes No
23. Has MP reached puberty? Yes No 24. How are they handling it and are they sexually active? _____
25. Where is the mother/father now? _____
26. What games does MP play with his/her friends and where? _____
27. Does MP play hide and seek and where? (Is there a "fort" or "clubhouse")? _____
28. Comments: _____

29. List close friends, school mates, boyfriends, girlfriends & contact info.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

S. AUTISTIC SPECTRUM

1. Is MP considered low-functioning, moderate-functioning, or high-functioning? _____
2. What cognitive age is MP functioning at? _____
3. Ever wandered away before? Yes No 4. Circumstances: _____
- _____
5. Has a tracking device? Yes No 6. If so, has it been activated? Yes No
7. Asked to go to a particular type of area recently (water, school, family, neighbor, or friend's house): Yes No
8. Did he/she go there? Yes No _____
9. Likes to go to water areas, streams, pools, lakes? Yes No Any local sources: _____
10. Does MP have any specific "likes" that they're drawn to that may help search effort? (types of vehicles, music, sounds, favorite characters, toys, locations, etc.) Yes No _____
11. Any dislikes, fears, or sensory issues that may hinder search effort? (dogs, sirens, lights, shouting, aircraft, uniforms, etc.) Yes No 12. How he or she will typically react to negative stimuli: _____
13. Likes to hide in small spaces. Yes No
14. Past hiding spots in the house? _____
15. Any past hiding spots in other locations (school, park, etc)? _____
16. Other likely hiding spots: (e.g. freezers, refrigerators, storage areas, closets, cabinets, under beds and small hiding spots in the house, garage, yard and outbuildings.) _____
17. Will respond if strangers are calling his/her name? Yes No _____
18. Will hide from searchers. Yes No _____
19. Will respond better if searchers "sing" his/her name. Yes No
20. Is there a song or a phrase (maybe from a game or a frequently watched movie, TV program) that the MP might respond to when searchers call out? Yes No 21. What is it: _____
22. Insists upon a particular route for going to school, to the store, to a relative's or family friend's house. Yes No
23. Describe route: _____
24. Has an aide or tutor at school or at home. Yes No 25. Name, contact, description of role of aide or tutor: _____
- _____
26. Has a resource specialist at the school whom we may contact. Yes No
27. Contact information: _____
28. What does the MP do under stress? _____
29. What kind of "stimms" (repetitive stimulation actions) does the MP do? _____
30. Under what circumstances does the MP stim? _____
- (i.e. autistic child may rock and bang head against the car headrest only when the car is moving, or may flap his fingers directly in front of his eyes when there is "visual noise".)
31. What routines does the MP person insist upon? 30. Frequency? _____
- _____
32. Sensory or dietary issues, if any: _____
33. Calming methods, and any additional information First Responders may need: _____
34. Atypical behaviors or characteristics of the Individual that may attract the attention of Responders: _____

35. Method of Preferred Communication. (If nonverbal: Sign language, picture boards, written words, etc.): _____
36. Method of Preferred Communication II. (If verbal: preferred words, sounds, songs, phrases they may respond to): _____
37. Is the MP attracted to active roadways/highways: _____
38. Does the MP have a sibling with special need: Yes No 39. Has that sibling wandered away before Yes No
40. Where was the sibling found: _____
41. Where does the MP like to go? Does the child have a favorite place: _____
42. Is the MP nonverbal? Yes No 43. How will the MP likely react to his or her name being called: _____
44. Will the MP respond to a particular voice such as that of his or her mother, father, other relative, caregiver, or family friend: Yes No 45. Whom: _____
46. Does the verbal MP know his or her parents' names, home address, and phone number: Yes No
47. Does the MP have any sensory, medical, or dietary issues and requirements Yes No 48. List: _____
49. Does the MP rely on any life-sustaining medication: Yes No 50. List: _____
51. Does the MP become upset easily: Yes No 52. What methods are used to calm them down: _____

T. COGNITIVELEY IMPAIRED / MENTALLY CHALLENGED

1. Learned to sit up, crawl or walk later than other children? Yes No _____
2. Learned to talk later or have trouble speaking? Yes No _____
3. Has trouble communicating? Yes No Describe _____
4. Finds it hard to remember things? Yes No _____
5. Has trouble understanding how to pay for things? Yes No _____
6. Has trouble understanding social rules? Yes No _____
7. Has trouble seeing the consequences of his/her actions? Yes No _____
8. Has trouble solving problems? Yes No _____
9. Has trouble thinking logically? Yes No _____

U. DEPRESSED / DESPONDENT / POSSIBLY SUICIDAL (VERBAL OR NON-VERBAL)

1. Has sleep been disrupted lately? Yes No _____
2. Has there been a stressful event or significant loss (actual or threatened) in his/her life? Yes No
3. History of serious depression or mental disorder? Yes No _____
4. Significant anniversary date(s) (e.g. the passing of a loved one): _____
5. Expressed feelings of guilt, hopelessness or depression? Yes No _____
6. Has been expressing great emotional and/or physical pain or distress? Yes No _____
7. Has been putting things in order, e.g., paying up insurance policies, calling friends, giving away possessions? Yes No
8. Has talked about committing suicide, or said he/she is tired of living? Yes No _____
9. Has attempted suicide in the past? Yes No 10. If so, how? _____
11. Any history of being committed for 72hour metal evaluation (5150 Cal W&I): _____
11. Has shown efforts to learn about means of death or rehearse fatal acts or methods to avoid rescue? Yes No
12. Has the means (e.g., gun, pills, rope) to complete their intent? Yes No _____
13. Are any weapons, kitchen knives, etc. unaccounted for? Yes No _____

V. EXHIBITING PSYCHOTIC BEHAVIOR

- 1. Shows signs of sedation, depressed respiration, a semi-hypnotic state, contracted pupils, depressed reflexes and/or intoxication? ? Yes No _____
- 2. Shown lack of feeling, pain or fatigue? ? Yes No _____
- 3. Showing signs of lack of coordination, restlessness, excitement, disorientation, confusion and/or delirium? Yes No
- 4. Experiencing hallucinations, pupil dilation, increased blood pressure and body temperature, depressed appetite, and on occasion, nausea and chills? ? Yes No _____

W. EXHIBITING SIGNS OF DEMENTIA OR ALZHEIMER'S

- 1. Has aides or caregivers. Yes No 2. Names / contact info. _____
- 3. Has memory or other cognitive losses that affects job skills or daily life. Yes No 4. What: _____
- 5. Ever wandered away before? Yes No 6. Circumstances: _____
- 7. Has difficulty performing familiar tasks. Yes No 8. Explain: _____
- 9. Has problems with speech or language. Yes No 10. Explain: _____
- 11. Has problems recognizing once familiar people Yes No 12. Who: _____
- 13. Has problems with motor skills (dressing/eating) Yes No 14. Explain: _____
- 15. Is sometimes disorientated to time and place. Yes No 16. How often _____
- 17. Sometimes slips back to an earlier time/place. Yes No 18. When and where? _____
- 19. Obtain prior addresses going back many years. _____
- 20. Shows signs of poor or decreased judgment. Yes No 21. Explain: _____
- 22. Has problems with abstract thinking. Yes No 23. Explain: _____
- 24. Places items in inappropriate places. Yes No 25. Explain: _____
- 26. Exhibits rapid changes in mood or behavior. Yes No 27. Explain: _____
- 28. Exhibits violent behavior. Yes No 29. Explain: _____
- 30. Having any problem with incontinence. Yes No 31. Explain: _____
- 32. Exhibits dramatic changes in personality. Yes No 33. Explain: _____
- 34. Shows a loss of initiative. Yes No 35. Explain: _____
- 36. Are problems or issues consistent, or do they vary from day to day or at different times of day (sundowning)? _____
- 37. Is MP still driving? Yes No 38. Access to vehicle? Yes No 39. Is vehicle still there? Yes No
- 40. Is there any history of taking a vehicle that does not belong to them? Yes No 41. Explain: _____
- 42. Work history, locations and mode of transportation: _____
- 43. Additional notes: _____